BP. DHMH - 16 50M 4/83

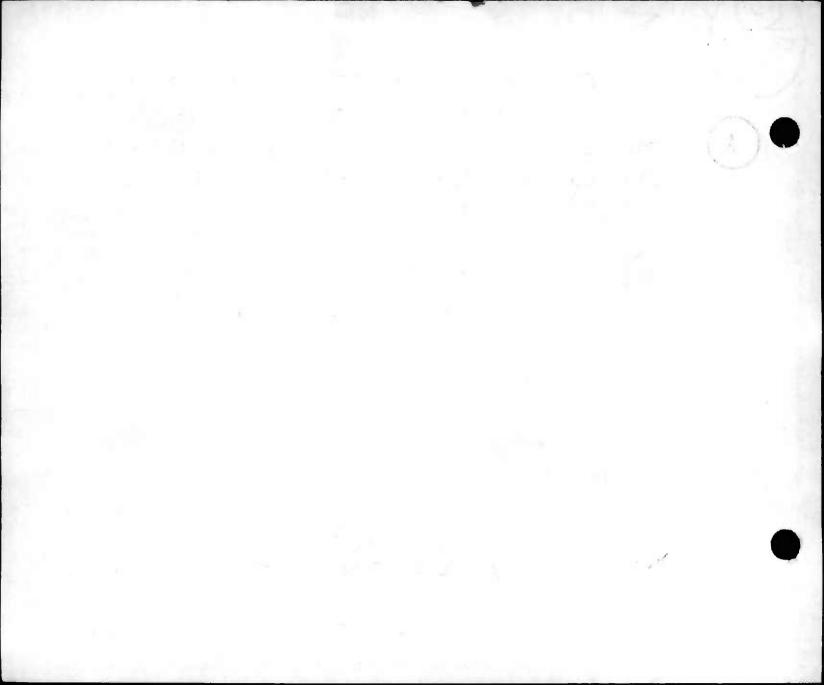
(VRA 15, 4)

MPORTANT IF her 21 is marked ar Item 18 shows any injury, ar other troumotic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١,	FOR		DEPART	MENT OF H	EALTH AND MEN	TALWYGII	ENE GA	0		2)
Γ'	- STATE REGISTRAR			CERTIF	ICATE OF DEAT	TH	REG. NO).		
1. DE	CEASED NAME FIRST		MIDDLE	·	AST			MONTH	DAY YEAR	26 HOUR
(TYP	Eliz	ahote	S.	AI	DPN	- 1		8	11 84	M
3 SE		4. RACE	1 0.	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	# UNDER 24 HRS
3 02	- L		hit e	MONTH	Cy	YEAR 26	70	5	MONTHS DAYS	HOURS MIN.
V	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	ļ. ~			9, BALTIMORE CITY O	R COUN		
_	COUNTRY)	USA	WINT COOKING		NEVER MARK	SIED -			(Nde)	
	rmany		HOSPITAL NURSIN	WIDOWE	D DIVORO		ANNE 1			MD. OF BUSINESS OR
F	FUNAPOlis	ANN	E ATU	Nde	1 Gen		housewife			
USU 130.	AL RESIDENCE OF NURSING HOMEO STATE ND AACC	R OTHER INSTITUTION NTY O	13c. CITY OR TOW MAYO	ADMISSION)	130 INSIDE CITY L	IMITS?	3972 Rams		rive /	106
14. F.	ATHER'S NAME FIRST	MIDDLE	chreiber		15. MOTHER'S MA	IDEN NAM	UNKNOWN		LAS	Ĭ.
	WAS DECEASED EVER IN U.S. AI		166. SOCIAL SECT	JRITY NO.	17. INFORMANT		ADDRE	SS		
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	216 60 '	7347	Barbara 1	Wilker	rson,Bethes	da, M	1d	
-	18 CAUSE OF DEATH (Enter o	nly one couse pe	r line for (a)=+b), an	d (c+).	-				APPROX BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:	d -	· de	· (eh	19	6			
	IMMEDIA	TE CAUSE (o)								
	Conditions, if ony, which	1	R AS A CONSEOU	ENCEOF						
	gave rise to immediate	(b)_								
	couse (a), stating the underlying cause last.		or as a conseou	ENCEOF						
	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONI	DITION C	SIVEN IN PART 1:	0
Z										
CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		YES, WERE FINDE	
1 ≅							YES T NOT		TIFYING CAUSES YES	NO T
1 1	21a, ACCIDENT WAS UNDERLYING	21b. TIME (21c HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 1	8 PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	1	M. MONTH D M.	AY YEAR						
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 71d INJURY OCCURRED	21e. PLACE	OF INJURY		ZII LOCATION		CITY OR TO		COUNTY	STATE
¥	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE,	FARM ETC)	STREET		CITYONTO	3414	000411	31410
L	220.1 certify that (I) (this has	outal) attended t	he deceased from	R-	10 1	9 RU	10 8-	//	19 80	that (I) (we) last
Į.	sow the deceased alive o	2.00	- 1	84.0	nd that in (my) () ur) opinion d	leath accurred on the de	ate and h	our and from the	couses stated
1	27b. SIGNATURE	ot) view the body	after death.	7	DEGREE				27c DATE	SIGNED
1		1	M	1 4		NDING	MERICAL STAT		Pil	1-00
1	224 PHYSICIAN'S NAME THE	DEPEND 7	110	4231	177E AGGRESS	IR.IAPE LA	PERECION C. PRICAGE	Date []	1077	
Ha.	BURIAL CREMATION, REMOVA	L 73E DATE	73c	NAME OF	EMETERY OF CREA	MATORY	234 LOCATION CITY OF TOWN		COUNTY	STATE
	Burial	8-14-	-84 3	T. M	ARYS CEN	METER	RY ANNAPO	2-200-00-20	A.A.	MD
24.	FUNERAL DIRECTOR		ADDRESS		Calle and desired	25e DATE	REC'D. BY REGISTRAR	25h REG	ISTRAR'S SIGNA	TURE
Ha	ardesty FH, 12 R	idgely A	ve; Annapo	olis,	4d.21401	AU	0 1 3 1984	Tolia	Davidson-	Bandusa



10

within 24 hours executed certificote be death o thot the TO HOSPITAL OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 haurs a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORIANT; If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the medical exam

must be notified at once

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR			CERTIF	CATE OF DEATH	REG. N	10.	EDT
1			FIRST	MIDDLE	L	ST	20 DATE OF DEATH	MONTH DAY YE	20 110011
	{TYPE	OR PRINT)	JOSEPH	L.	A	LLEN	AUGUST 1	6, 1984	7:17 A
1	3. SEX	JOSEPH L. A RACE A R		ACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BE		YEAR IF UNDER 24 HRS
		3		B	3	-25-1900	75	YRS	
-			R FOREIGN 7b. C	CITIZEN OF WHAT COUNTRY	1? I MADDIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEAT	H
	B	RUMAGO (oma	USA	WIDOWE	D DIVORCED		NDEL COUNTY	Z MD.
2	10, CI	TY OR TOWN OF D	EATH 11.	NAME OF HOSPITAL, NURS		ROTHER INSTITUTION	12a USUAL OCCUPAT		ND OF BUSINESS OR
4				NORTH ARUNDE	EL HOSP	ITAL	CHECKE	ro Lu	mber 10
5	USUA 13a S			ER INSTITUTION, GIVE RESIDENCE BEFO 13c. CITY OR TO		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	AK WOOD	71061 Rd.
0	14 FA	THER S NAME	MIDD	IE A . FIST	,	15. MOTHER'S MAIDEN N	MIDDLE	1000	145117C
6	14 14	JAM	S ADMES	17401	CLIBITY NO	17 INFORMANT	ADDR	CHICK	1105
					7.6661	RUTH	Augn 8	207 MAKE	woo Rd
		u cause of be	711.5	the last of the last		120111	1,1000,0	AP	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		PART I. DEATH	WAS CAUSED BY	(: 0	/	1.	1 10. 1	BETV	WEEN ONSET AND DEATH
	17		IMMEDIATE C	AUSE (0) -CV-0	uno Ga	rules	arc, acht		
d		Service of the		DUE TO, OR AS A CONSEQ	UENCE OF				
				(b)					
				DUE TO OR AS A CONSEC	LIENICE OF				
		underlying cou	se lost.		OEITCE OI				
	10	PART 2 OTHER SM	ENIFICANT CON		O DE ATH BUT	NOT RELATED TO THE TEL	PAINAL DISEASE OF CON	VOITION GIVEN IN PAI	P1 1:0:
	Z	TAKT 2 OTTIEK SK	Sivil CAIVI COIV	DINONS CONTRIBUTION	O DEATH BOT	NOT KEERIED TO THE TEL	MINAL DISEASE ON CO.	TOTAL CIVIL TOTAL	
-	CERTIFICATION	IN DATE OF OPER	ATION	19b CONDITION FOR WHIC	TH OPERATION	N WAS PERFORMED	70g AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
1	FIC.	THE DATE OF OTER	ATION	THE CONDITION WITH	LITOTERATIO	T TAS FERI ORMED		IN CERTIFYING CAL	USES OF DEATH?
	RTI				100		YES NO	YES [NO []
				HOUR A.M. MONTH	DAY YEAR	TIE HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	DRY IN ITEM 18 PART I OR PAR	RT 2)
H	CAL	-		P.M.	19				
3	MEDICAL	21d. INJURY OCCU	RRED	21e PLACE OF INJURY		THE LOCATION	CITY OR TO	OWN COUNT	TY STATE
	Σ			(AT HOME, STREET FACTORY, OFFIC	E, FARM ETC)	7.15		1 01	31476
			~	attended the deceased from	Au	9 war 13 10 1	4 . But	16 1004	thos((It (we) lost
	1	sow the decer	sed alive on	withe body after death.	Det s	that in my (our) opinio	on death occurred on the c	date and hour and Iron	
٩	110	226 SIGNATURE		/ O	10	DEGREE		224, [DATE SIGNED
		(3	1811	wh	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	up 16 84
		224 PHYSICIAN'S	NAME (TYPE OR POL	W		22e ADDRESS 7845	OAKWOOD RO	AD, #204	1
		CHAR	LES J. W	W, M.D.	=361	GLEN	BURNIE, MA	RYLAND 210	61

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

retained by the haspital or attending physician.

236 DATE 8-1 230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR NAME

LETERY OR CREMATORY 23d LOCATION

LE Methodis Clery Gier Burnie Arundel M

Marie 2023 250, Date REC D. By REGISTRAR 250, REGISTRAR'S SIGNATURE

Tumne H AUG 17 1984 Fulia Davidson-Mondage

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TALLY CONTROL OF THE STATE OF T ASU MONARA of second of prosted MICH PRINCE WERE IN PROPERTY SECTION BOLLS CARKINGS CAPEN CARRICAL CARRIC The state of the s don't like you and Santal as System and Share PI-Star James a I Set a set I Manager The Miller of AUG 17 864 "Serlenburgener and 2 sh

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical and should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pagin with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

jury, or other troumotic event,

IMPORTANT: If Item 21 is morked or Item 18 shows ony

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

	REGISTRA	(R			CERTIF	ICATE OF DEATH	REG. NO			
	CEASED NA	ME FIRST	-	MIDDLE		LAST		MONTH DAY	YEAR	2h HOUR
(TYPE	OR PRINT)	KATHERIN	E	M.	AND	ERSON	Augu	ST 10,	1984	11:35 A
3 SE	X		4 RACE		5 DATE O		6. AGE (IN YEARS LAST BIRT		UNDER I VEAR	HOURS MIN
	EMAL		CAUCHS		JANG	INRY 30, 1900	84	YRS		HOURS MIN
	RTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR		D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
Pe	NNSYL	VANIA	UNITED	STATES		-4	HANNE !	ARUND.	67	MD.
_		N OF DEATH	11. NAME OF	HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPATI	NC		OF BUSINESS OR
		URNIE	NORTH	ARUNDE	L GENE	RAL HOSTMAL	HOMEMAKE		Hov	
USU/	AL RESIDEN	CE (IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	119.1		
4.4	ARYLAN	- I A	ARLINDEL	SEVERNA	D	YES NO X	504 LONDE	N LA.	211	146
14 FA	THER'S NA	ME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE			
	1	RGE	WIDDLE	M4 A	STON	TELIA	WIDDLE		Boy	VDEN
160 V	VAS DECEA	SED EVER IN U.S. AR		THE WALL	CURITY NO.	17 INFORMANT	ADDRE	SS FAUL	DNDEN	
()	res, no or uni	(NOWN) (NEYES, GIV	WAR OR DATES)			WALKER ANDER	son Jr.			K. MD 21140
	18 CAUSE	OF DEATH (Enter or	nly one couse pe	for to . Jb .	and ic ;	//				ONSET AND DEATH
	PART 1.	DEATH WAS CAUSE	TE CAUSE (0)	ander	o pre	burnary	arrest		1-	horer
	13.	IMMEDIA		-0	1				A	
- 1	Condition	e if you which	DUE TO, C	RAS A CONSEC	DUENCE OF	en lever his	. /		51	10611
100		s, if any, which to immediate	(b)_C	AU INAAA	ac - uc	mingrana in			7	exuvi.
	underlyin	a couse lost.	DUE TO, C	R AS A CONSEC	DUENCE OF					
			((c)					<u> </u>		
z	PART 2. O	THER SIGNIFICANT	CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 16	q.
CERTIFICATION			1	1011			T-a	Lance of the control of	ALEBE EN LE G	
ICA	190. DATE C	OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, V IN CERTIFYIN		NGS USED S OF DEATH?
RTIF							YES NO	YES [NO 🗌
		NT WAS UNDERLYING	216. TIME C	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
Ā		UTING CAUSE OF DE	-111	.M.	19					
MEDICAL	21d INJUR	Y OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	1 10 10 10			
W	WHILE C	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFI	CE, FARM, ETC.)	STREET	CITY OR TOW	N	COUNTY	STATE
		fy that (I) (this bosp	And the second s	/ dans and 6 .		1/13 1077	8/10	100	84	
		he deceased alive on	/	lo 10	611	nd that in (my) (aw-) opinion (double assumed as the de	to and have		that (I) (we) lost
	obove	, (I) (we) (did+(did no	t) view the body	ofter death			seom occurred on the do	те опо поого	1	
	22b. SIGN	ATORE INA INA		111		DEGREE		_	224 DA/E	SIGNED
	11.	MILLE	Lleur	Allen	m	D - ATTENDING PHYSICIAN	MEDICAL STAI		0/10	184
	22d. PHYSI	CIAN'S NAME (TYPE O	OR PRINTI	-		22e ADDRESS	1:01	n	1	7
1	1	Chaua	hlan			\$708 Mouse	race (Kel.	Vac	adu	ca had.
23o F	URIAL CRE	MATION, REMOVAL	23b. DATE	23	C NAME OF C	EMETERY OR CREMATORY	23d LOCATION		211	27
(SPECIFY)	URIAL	Aug. 1			~ ~	RITTSBURGE	1 1100	EGHEN	STATE DA
	PU	URLIME	PTUCC . I	-ILLOT N	CFFCIO	IN INGINIKIRU IAK	CHILIDBUXGI	4 FILE	A UCHTEN	17 / 17 .

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the haspital or attending physician

DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECTOR

BARRANCO FUNERAL HOME

Aug. 13, 1984 JEFFERSON MEMORIAL PARK PITTSBURGH HUEGHENY

ADDRESSO I RITCHIE HUY. 250. DATE RECD. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

L HOME SEVERNA PARK, MONING A THOM SULL SWINGS PROBLEM

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	ay be
4	Popt 4 m

FOR

6 -

injury, ar other troumotic event, the medico

IMPORTANT: If Item 21 is marked or Item 18 shaws any

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL-HYGIEN	E
CERTIFICATE OF DEATH	

- STATE REGISTRAR	DEI ARTA	CERTIFICATE OF DEATH	REG. NO.		EDT
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
Sadye	Elizabeth Harris	son Anderson	AUGUST 16,	1984	1845 PM
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
Female	White	November 20,1895	88 YRS	MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Maryland	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEI	COUNTY	MD.
O CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOIL MOST OF WORKING I	HE) INDUSTRY	F BUSINESS OR
Casari Donavan	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE		Sales Lady	Hutz	zlers
130. STATE 13b. COU		N 134 INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP COL		21122
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	ME	LAS	
-1	nuel Harrison		7770000	Timmo	
160 WAS DECEASED EVER IN U.S. A		RITY NO. 17 INFORMANT	ADDRESS		
	one 216.09.	5150 Mr. George L.	. Anderson (son)	Same a	as 13
Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF			
	CONDITIONS CONTRIBUTING TO L	DEATH BUT NOT RELATED TO THE TERM	TINAL DISEASE OR CONDITION G	IVEN IN PART HE	31
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b, CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES []	
			RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?}	
OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING CAUSE OF DI	216. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE F	ARM, ETC] 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
saw the deceased alive a	pital) attended the dereased from 2000 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	A ()	death accurred on the date and ho		that (I) (we) last causes stated
22b. SIGNATURE		DEGREE PHENDING PHYSICIAN D	DRECTOR PHYSICIAN	Augus	
22d PHYSICIAN'S NAME TYPE	OR PRINT)	The ADDRESS 323	6 MOUNTAIN ROAD	111111111111	

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours effectioned by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

Buria]

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY

0

64

24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, MD

PASADENA, MARYLAND 21122

236 NAME OF CEMETERY OR CREMATORY

236 LOCATION
COUNTY
Bivalve Church Cemetery Bivalve Wicomico MD

256 DATE RECO. BY REGISTRAR 33F REGISTRARS SIGNATURE
Thie, MD



STATE OF MARYLAND

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND I			NO.		
I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST		20. DATE OF DEATH	MONTH DAT	YEAR 25 HOUR	
WILLA		HNDES			8/26/8-4	130	
MA a	4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST 8	BIRTHDAY) IF UNDER		
76. BIRTHPLACE LISTATE OR FOREIGN	CAUCASIAN	DEC. 22	1898	85	YRS.	DAYS HOURS M	
COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER A	AARRIED [9. BALTIMORE CITY	OR COUNTY OF DE	ATH	
O CITY OR TOWN OF DEATH	UNITED STATES	WIDOWED DI	ORCED	ANNE AR	PUNDEL		
0	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		124 USUAL OCCUPAT	OF WORKING LIFET IND	KIND OF BUSINESS	
USUAL RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION GIVE DESIDENCE ASSORE	SING CENTE	e	SELF EMI		DENTIST	
	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOW	N 134. INSIDE CI	TY LIMITS?	3e. STREET ADDRESS		9490	
FATHER'S NAME	ADE MIAMI SH	ORES YES -		1080 N.E	. 96 0 31	3313	
ALDEN E	MIDDLE LAST		MAIDEN NAME	MIDDLE		LAST	
60 WAS DECEASED EVER IN U.S. A	RASMUS ANDE	RITY NO. 17 INFORMAN	TTA		FU	INKHOUS	
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	TOO DO	2	ADDR	II FAIRTR	EF DR.	
	inly ane cause per line far a), (b), and	1029 PAUL G	i. HNDE	s Se	EVERNA PAI	RK, MD 21	
PART I. DEATH WAS CAUS	ED BY:	A 1 1			BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEAT	
Canditians, if any, which	((b)	2.2.11.1123 2-4					
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
underlying cause last	underlying cause last						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING			2005	20g AUTOPSY?	20b. IF YES, WERE	FINDINGS LISED	
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOI	KWED		IN CERTIFYING C	AUSES OF DEATH?	
ATT.	THE CONTRACTOR OF THE CONTRACT	21. HOW IN	ILIPY OCCUPPE	YES NO	YES T	NO [
	DEATH HOUR A.M. MONTH DA		JOK! OCCORNE	C (ENIEK NATIONE OF 119)			
TIF EITHER NOTIFY MEDICAL EXAMIN		19 211 LOCATIO)N				
21d. INJURY OCCURRED WHILE NOT WHILE	(AT HOME, STREET, FACTORY OFFICE, F			CITY OR TO	OWN COL	UNTY STATE	
AT WORK		7/04	19	12/8:	1x 4 10	that (I) (wet	
22a I certify that (I) (this has	spital) eye/ded/the deceased fram_	and that in (my)		eath occurred on the o	date and haur and fr		
above, (1) (we) (did) (did	the body after death.	DEGREE				DATESIGNED	
27% SIGNATURE	ATTENDING,				AFF	8/2/x-	
ON PHYSICIAN'S NAME (190	22d PHYSICIAN'S NAME (TYPE OR PRINT)			PHYSICIAN DIRECTOR PHYSICIAN D			
0			_	· Q-	Damassall	5 MD.	
STANLEY WAT	KINS M	NAME OF CEMETERY OR C	RANKLI	123d LOCATION	HNNAPOLL	3 100	
23a BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c. 1	0 0		CITY OR TOWN	COUN	- · · · · · · · · · · · · · · · · · · ·	
BURIAL	8-20-87 14	CL CREST C	EMETER	REC'D. BY REGISTRA	R 25b. REGISTRAR'S	SIGNATURE	
24. FUNERAL DIRECTOR	501	KITCHIE H	ARIZ U 4	Mil deli	Mile to	• ••	
DARRANCO TUNE	RAL HOME SEV	ERNA PARK, N	/D	and desire	THE CONTRACTORY	TARING A	

DHMH - 16 50M 4/B2 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shave

Vacantage of the second second second second second to the District And Service And Service And Service And Services ELGINONITY A CONTRACT CANAS CONTRACT FOR Light the regard of an army of the light Sold Ritting

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

- STATE REGISTRA	R			CERTIFICATE	OF DEATH	REG. 1	٧٥.		
DECEASED NA	_	MIDO	n.E	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
TYPE OR PRINT)	GEORG	E P.	ATT	KINSON	JR	Augu	13T 19	1,1984	
SEX	4.0.4	4. RACE		DATE OF BIRTH		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
MAL	1=	CHUCHSI	PN	MONTH	9 1927	57	YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE	(STATE OR FOREIGN	76. CITIZEN OF WH			/ _	9. BALTIMORE CITY		Y OF DEATH	
VIRGIN	IA	UNITED S	STATES !	MARRIED IN	DIVORCED	ANNE	ARUN	DEL	м
CITY OR TOW		11. NAME OF HO	PITAL, NURSING	HOME OR OTHER	R INSTITUTION	120 USUAL OCCUPA	TION	126. KIND O	F BUSINESS OF
INNAPOL	15	n	CILITY, GIVE STREET AD	/	JACDITAL	ASS STATE	DIRECT	. 10	SIE SIS
SUAL RESIDEN	CE (IF NURSING HOME O	ROTHER INSTITUTION GIV	E RESIDENCE BEFORE AD	MISSION)	DEFINE	1 SEE STAIN		ad chan	2,72 1
O. STATE MRYLAN	13b. COU	ARLHOVEL S	CITY OR TOWN	_	IDE CITY LIMITS?	130. STREET ADDRESS		To The	Sugar
FATHER'S NA		HRUGOSEL IS	everna la	-	HER'S MAIDEN NA		TONNE	DAD der	ल्याया
C. FIRST		MIDDLE	LAST	50	FIRST PLANTER	MIDDLE		MILAS	
WAS DECEA	SED EVER IN U.S. A	RMED FORCES? TA	SOCIAL SECURI	SR IT INFO	FLORANCE	ADD	RESS	Moc	RE
YES, NO OR UNE	(IF YES, G	IVE WAR OR DATES)			ATRICE D.	ATKINSON	(SAM	E AS I	3)
gove rise couse to underlying		(c)	TRIBUTING TO DE		LATED TO THE TERM	AINAL DISEASE OR CO		IVEN IN PART 110	0
210. ACCIDE OR CONTRIB (IF EITHER, I	OF OPERATION	196 CONDITIO	N FOR WHICH O	PERATION WAS F	PERFORMED	20a AUTOPSY?		ES, WERE FINDIN	
						YES NO		res	NO 🗆
218. ACCIDE OR CONTRIB	NT WAS UNDERLYING (UTING CAUSE OF DE	HOUR A.M.	NJURY MONTH DAY	YEAR	W INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART (OR PART 2)	100
21d INJUR	OCCURRED	210. PLACE OF LAT HOME, STREET,	INJURY FACTORY, OFFICE, FAR		CATION	CITY OR 1	OWN	COUNTY	STATE
22s I certifi sow 1 proved	deceased arrive of	of www the body after	10 8		(my) (or) opinion	deoth occurred on the	dote and ha		
Uri	rold of	alexan	der mo	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN 🗌	8-2	20-84
226. PHYSIC	G , A	eyand	r	22e AC	DORESS				
BURIAL, CRE	MATION, REMOVA	L 23b. DATE	23c. NA	ME OF CEMETER	Y OR CREMATORY	236. LOCATION		COUNTY	STATE

BP. DHMH - 16 50M 4/B2

retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the tunishould be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exam

24 FUNERAL DIRECTOR
NAME
BARRANCO FUN (VRA 15, 4) UNERAL HOME

AUGUST 20, A84 WESTVIEW CREMATORY

SAL RITCHY & HAY 6 250. DATE REC'D. BY

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ESTRIEN HALTIMORE

BY REGISTRAR 251 REGISTRAR GOLDE

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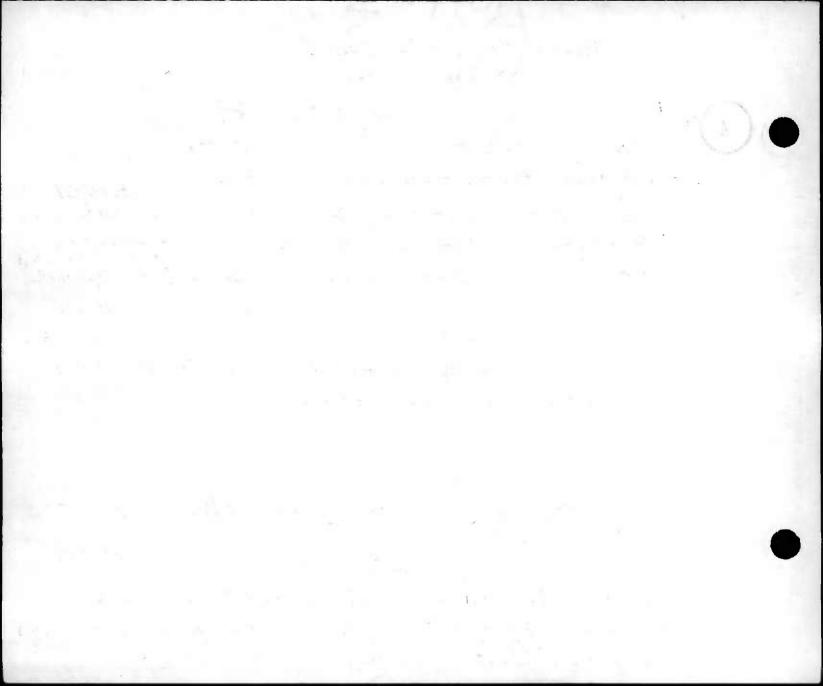
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should be deta

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL WYGIENE - STATE Sophronia ERTIFICATE DEDEATH REGISTRAR REG. NO. 20 DATE OF DEATH 1. DECEASED NAME 26 HOUR [TYPE OR PRINT] SOPHADNIA CRANS HELGO 3 IF UNDER I YEAR IF LINDER 24 HRS 3. SEX 4. RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) YRS BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYRE OF WORK FOR MOST OF WORKING LIFE! HOUSEUN FO USUAL RESIDENCE IN MILLING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION). 130. STATE 13b. COUNTY 13c, CITY OR TOWN 13. STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? A. A ANNAPOLIS 14. FATHER'S NAME FIRST MIDDLE Georg 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST NO 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF 12001 St Conditions, if ony, which gave rise to immediate couse (o), stating underlying couse THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION ON10 IN IF YES, WERE FINDINGS USED TW. DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSYT IN CERTIFYING CAUSES OF DEATH? NO FT 716 TIME OF INJURY THE HOW INJURY OCCURRED. TENTER WATER OF PROPERTY AND THE FART I DRIPHET TO 21st ACCIDENT WAS EMBERITING HOUR A.M. MONTH DAY YEAR DR CONTRIBUTING CAUSE OF DEATH WEDICAL LE SITHER, NOTET MEDICIAL EXAMINERS 19 714 INJURY OCCURRED 21st PLACE OF INJURY THE LOCATION CITY OR STOWN COUNTR STATE CHEST AT HOME STREET, ENCTORY, OFFICE HARM, ETC. I ALWEST 27s.1 certify that (I) (this hasperal) attende pur) opinion death occurred on the date and hour and from the course stated deceased wive on ______ and that in ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN TZd PHYSICIAN'S NAME (TYPE OR PRINT) 77e. ADDRESS Avid 23c NAME OF CEMETERY OR CREMATORY 73a. BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL



completely filled in by the fu

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial Hygiene priar to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate

retained by the haspital ar attending physician.

STATE OF MARYLAND

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- 3	13)
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1-		DEPARTA				0.	
		MIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	PAULINE			<u> </u>			6:27
3. SE	X 4	RACE			6 AGE (IN YEARS LAST BIR		
-	Female	Caucasion		. 7070	65	YRS.	
		L CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH	
		USA			Anne Arund	le1	N
				ROTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b. KINE	OF BUSINESS C
F.	t Maada W			٨١		DI WORKING LIFE INDUSTI	N/A
USU	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)				N/A
DECEASED NAME (187) PAULINE KATHERINE BARGER PAULINE KATHERINE BARGER 15 DATE OF BRITH DATE OF BRITH 15 DATE OF BRITH BATTIMOPHEN DATE 1984	1146						
		IDDLE LAST		15. MOTHER'S MAIDEN NA			LAST
	Francis Marion S	eltzer		Ethel Agne			
							algar Cl
IFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE				20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED
1 2	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
MEDIC	21d. IN JURY OCCURRED	21e. PLACE OF INJURY			CITY OR TO	OWN COUNTY	STATE
			, 01				, that (I) (we) la
		B Thech	uls	AL MATTENDING .	MEDICAL STA	FF	ATE SIGNED
					ARMY COMMUN	ITY_HOSPITA	L
E	BURIAL		VAME OF C	le terans	CROWN.		A. M
24 F	UNERAL DIRECTOR HARDE	Sty Amores.	Ma	21401 AUG		Pass REGISTRAR'S SIGO	

HMH - 16 50M 4/B2 (VRA 15, 4)

named a straight and a straight and a straight a straig Land Christian Commenter Charge BUAMBERS BY AN YEAR STATE AT

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours of swith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician.

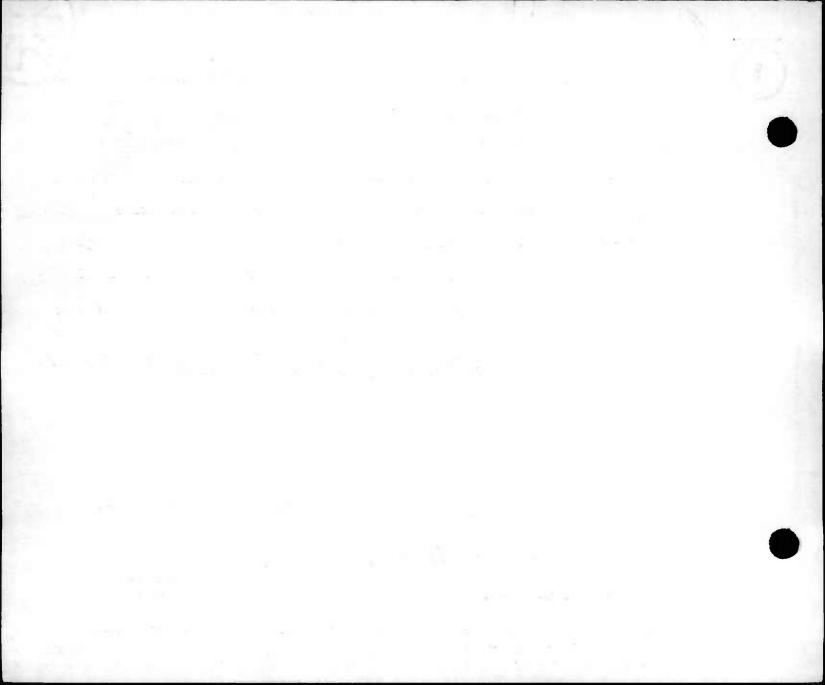
STATE OF MARYLAND

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1/		FOR		DEPARTA	AENT OF H	EALTH AND MENTAL HYG	IENE				
Ø I	١-	STATE REGISTRAR			CERTIF	CATE OF DEATH	REG. NO).		EDT	
		CEASED NAME FIRST	WIDDLE		U	AST		MONTH DAY	YEAR	26 HOUR	
	(TYPE	CLARA	Lo	uise	BATI	ES	AUGUST 8,	1984		11:50 A	
	3 SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 74 HRS	
110	F	emale	White		Apri		68	YRS.	NIHS DAYS	HOURS MIN.	
1/2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH		
9		rginia	U.S.A.		WIDOWE		ANNE ARUN	DEL COU	JNTY	MD.	
21	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPI			ROTHER INSTITUTION	12a USUAL OCCUPATI		12b. KIND OF BUSINESS OR INDUSTRY		
14		LEN BURNIE	NORTH	ARUND	EL HO	SPITAL	Homemaker		Own I	Home	
21	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION GIVE RE	SIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
U_{i}	_		Arundel G	len Bu	rnie	YES NOXX	342 Highla	nd Driv	<i>r</i> e	21061	
Dil	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WIDDIE		IAS	1	
AV		Newton		Meredi		Mary	С.		Tay	lor	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. S	SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS			
		No //		4/01/2	949	Mr. Nelson B	ates (Son)	Same	as #1		
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		BETWEEN	MATE INTERVAL ONSET AND DEATH						
		1	lay								
		1 , ,	0/								
	Conditions, if ony, which (b) Septicema									on	
		gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF PROTECTION RECUMENT								outh	
	20	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO D					IN PART 1	2	
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES		
a	E. S.	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR		RY IN ITEM 18 PAR	T I OR PART 2)		
4		OR CONTRIBUTING CAUSE OF DE		MONTH DA	AY YEAR						
	MEDICAL	214 INJURY OCCURRED	21e PŁACE OF IN			211 LOCATION	CITY OR TO	14/61	COUNTY	STATE	
	¥	WHITE NOT WHITE AT WORK	(AT HOME STREET, FA	CTORY, OFFICE, F	ARM ETC)	STREET	P	~		JIAIL	
		224.1 certify that (II (this hosp		eosed from_		24 1984		8	J-	that (1) (we) lost	
		saw the decessed alive on above, (II (we) (did) (did no	8-0	doubt. 19	or	d that in (my) (our) opinion	deoth occurred on the de	ate and hour o	and from the	couses stated	
_		226 SIGNATURE	0 0	1		DEGREE			22c DATE	SIGNED	
1		1	ony &	Me	ne	M-D ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC				
	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS 7845	OAKWOOD ROA	D #104			
		LONG S. HSU, M.D. GLEN BURNIE, MARYLAND							21061		
	230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 231 LOCATION									STATE	
	(Burial	Aug.11.1	984 G1	en Ha	ven Memorial	Prk.Glen Bu		A.A.	Md.	
	24 FL	UNERAL DIRECTOR GO 9	9/1/				TE REC'D. BY REGISTRAR	OSh. REGISTRA	AR'S SIGNAT	URE	
83		NAME	L. L. Mary Composition	ADDRESS		ALIA DI	1 0 1984	(/ / / / / / / / / / / / / / / / / / /	dson-Ad	mala DO	

DHMH - 16 50M 4/83 (VRA 15, 4)

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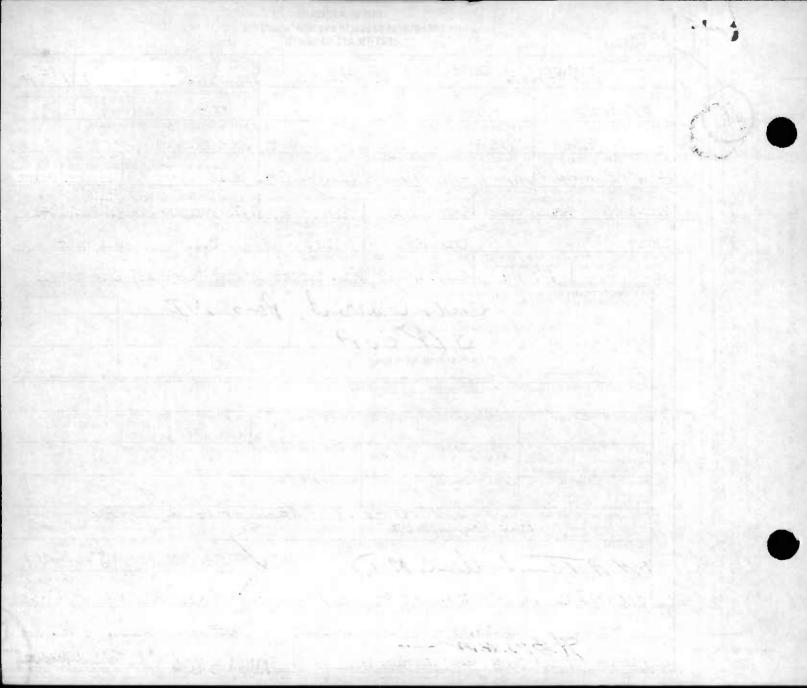
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE CERTIFICATE OF DEATH

9	U)	1	Co

J		REGISTRAR			CERTIF	ICATE OF DEATI	Н		REG. NO				
		CEASED NAME FIRST		rtrude	Ba	ayliss 55		20 DATE OF D	EATH A		DAY YEAR	26 HOUR /15 PM	4
1	3 SEX	(4. RACE		5. DATE C			6. AGE (IN YEAR	RS LAST BIRTH	IDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	_
J	1	FEMALE	Whi	te	July	13, 1911		73	3	YRS.	MONTHS DATS	HOURS MIN.	
1	7a. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIE		9 BALTIMORE	CITY OF		OF DEATH		
7		st Virginia	USA	50,0400	WIDOWE	DIVORCE	ED [X]	Anne A				MD	-
7	10. CT	LEN BURNIE	11. NAME OF F (IF NOT IN SUC)	HOSPITAL, NURSIN HFACILITY, GIVE STREET		CONUAL.	ON CTR	120 USUAL OC (TYPE OF WORK FO Cable		WORKING L	FE) INDUSTRY	nghouse	
7	13a. S		OUNTY	give residence before 13c. CITY OR TOWI Glen Burr	N	13d. INSIDE CITY LIA YES NO	X		DRESS /	zip codi e Bra	Apt.D anch Rd	.21061	
5	14_FA	THER'S NAME	WIDDEE	LAST		15. MOTHER'S MAIL	DEN NAM		MIDDLE		LA!	ST	
4	Ha	rry		Shoemake	er	Mary		E.			Heigh	chew	
٦		VAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES	166 SOCIAL SECU	RITY NO.	17. INFORMANT	47	TRAIN	ADDRES	SS			
	No		S, GIVE WAR OR DATEST	218/14/1	.019	Mrs. Sand	ra S	affran(Daug	hter)		as #13	
1		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one cause per	line for (o), (b), and	d rest	1	0				BETWEEN	ONSET AND DEATH	
			DIATE CAUSE (a)	redon	- a	run	KIN	my/	41				_
			DUE TO, OF	R AS A CONSEQUE	NCE OF	. a-					201.35		
		Canditions, if any, which		SIF	CV	17							_
		cause (a), stating the underlying cause last	DUE TO, OF	R AS A CONSEQUE	NCE OF						-0.00		
			(c)										_
	NO	PART 2. OTHER SIGNIFICA	INT CONDITIONS CC	DATKIBUTING TO L	EATH BUT	NOT RELATED TO TH	HETERMI	INAL DISEASE	DR COND	IIION GI	VEN IN PART IS	a	
1	CERTIFICATION	190 DATE OF OPERATION	H OPERATION WAS PERFORMED			20a AUTOP	SY?		S, WERE FINDI		-		
	KTIF				10111				NO		ES 🗌	NO 🗌	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	F DEATH HOUR A.	M. MONTH DA		21c. HOW INJURY	OCCURR	ED (ENTERNATU	RE OF INJURY	THO ITEM 18	PART I OR PART ?)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXALT	21e. PLACE	OF INJURY	19	211 LOCATION			7/1		COUNTY	STATE	-
	M	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM ETC)	STREET			CITY OR TOW	/N	COUNTY	STATE	
	1	220 I certify that (I) (this because alive above, (I) (we) (did) (did)	e an AUG - 10	198	177774 y	nd that in (my) (our)	opinion d	, tod leath accurred	on the da	te ond has		that (I) (we) last causes stated	
		22b. SIGNATURE	a nor view life body	diter death.		DEGREE		/			22c. DATE	SIGNED	_
1		XH.A.10	melot	dry	12.1		DING CIAN D	MEDICAL DIRECTOR	STAFI PHYSICI		8-	-84	
	3	22d. PHYSICIAN'S NAME (1	TYPE OR PRINT)	dian o	55	22e ADDRESS		2 2	1 -	Dae	AN EN	1 001	
-	23a. B	BURIAL, CREMATION, REMO	VAL 23b. DATE	(23c. N	IAME OF C	EMETERY OR CREMA	ATORY	23d. LOCAT		MOI	7136/4/	7 1110	
		Burial				n Cemetery	3	Woodl	awn	Bal	to.	Md.	
	24 FL	INERAL DIRECTOR	BUnce	m	and h		250 DATE			Sh REGIS	TRAR'S SIGNA	TURE	
	Si	ngleton Funer	al Home	Glen Burn	ie, N	1d.	FA	11615	1001	Culi	2 Davidson	-Aandree	

DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

Solution of Soluti

medicol examiner

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

STATE OF MARYLAND

FOR STATE REGISTRAR			DEPAR		ICATE OF	MENTAL HYGII DEATH	ENE-	REG. NO.				
1. DECEASED NAME	FIRST	MI	DDLE		LAST		20. DATE OF		DAY	YEAR	26. HOL	JR
(TYPE OR PRINT)	LEWI	5	_	BE	NNII	14		8	16	84	6'	S M
3. SEX	4.	RACE		5. DATE O			6 AGE (IN YE	ARS LAST BIRTHDAY)	# UP	HS DAYS	IF UNDER	R 24 HRS
MAL	= (Auci	95/0 N	MONTE	23	95		89 4		INS DATS	HOURS	MIN
To BIRTHPLACE (STAT	E OR FOREIGN 76	CITIZEN OF W	HAT COUNTR	Y? B.			9 BALTIMOR	E CITY OR COU		DEATH		
SHADYSID		re	SA	WIDOWE		NORCED		e Aruno	del			MD.
CROF-TOWN OF	DEATH	(IF NOT IN SUCH	FACILITY, GIVE STRE	EET ADDRESS)	OR OTHER INS	+r6	TYPE OF WORK	CCUPATION FOR MOST OF WORKI		26. KIND O NDUSTRY	F BUSIN	ESS OR
USUAL RESIDENCE (#	NURSING HOME OR O	THER INSTITUTION, G		ORE ADMISSION)	CLIV	IER	CHAPI	ENIER	2			
MD	136 COUNT	A	GALE	SUILLE	13d. INSIDE (NO X	1	DDRESS / ZIP C		EL.	201	23
14 FATHER'S NAME	44.1	DDLE	LAST		15. MOTHER	S MAIDEN NAM	NE 3	MIDDLE 1		145		
CAR	_	Jour J	BENN	ING	FAE	DERICK	A	wort	+ 13	ENI	VIN	Cu
160 WAS DECEASED E	VER IN U.S. ARM		166 SOCIAL SE	CURITY NO.	17 INFORM			ADDRESS			Litia	
TYES, NO OR UNKNOWN	(IF YES, GIVE V	VAR OR DATES)	2/3-69	-0060	ETHE	L S. B	ENNIN	G GALE	ESVI	LLE,	MD	
18 CAUSE OF D PART I. DEAT	EATH (Enter only H WAS CAUSED IMMEDIATE	BY:	pe for (a), (b),	Post	DILLES	+				BETWEEN	MATE INTE	PVAL DEATH
	immediate tating the	(b) DUE TO, OR (c)	AS A CONSEC	OUENCE OF	NOT RELATE	o TO THE TERMI	VOAC NAL DISEASE	OR CONDITION	GIVEN	B IN PART 10	A .	
THE CALL OF OLD THE OLD	ERATION	196. CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERF	DRMED	20e AUTOI			ERE FINDING CAUSES		
OR CONTENIOUSTING	S UNDERLYING CAUSE OF DEATH	21b. TIME OF HOUR A.M	MONTH	DAY YEAR	21c. HOW II	VJURY OCCURRE				OR PART 2)		
UFEITHER NOTIFY 21d INJURY OCCUPANT AT WORK	CURRED OT WHILE IT WORK	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCAT			CITY OR TOWN	14	COUNTY		STATE
	ceosed olive on ve) (did) (did no)			/	and that in m	(our) opinion d	eoth accurred	on the dote and	hour and		thou (1) couses st	
276. SIGNATURE	erry &	216	tan	XDi		ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN		22c. DATE	SIGNED 7	1
220 PHYSICIAN	RRY R.	NATH	BANSO	N	51 S	RANKL	IN S	F ANX	JAF	, M	1).0	2140
23a BURIAL, CREMATI		236. DATE	23	c. NAME OF C	EMETERY OR	CREMATORY	23d LOCA	ION PRIOWN		OUNTY		STATE
BUF	RIAL	8/19/	84 N	MT. ZI	ON CE	METERY		HIAN,		A.A.		MD

DHMH - 16 50M 4/B3 (VRA 15, 4)

etained by the haspital ar attending physicion.

24 FUNERAL DIRECTOR
NAME
HARDESTY AÑNAPOLIS, MD FUNERAL HOME

OTHIAN CEMETERY TERY LOTHIAN,

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

ALLO 1 17 1001 Junion-Randelle

Buryant - will - Disaurant and an in the second state of Land of the Continue of the Co 22 27 27 28 12 32 18 A SHOW P. MAINAMED TO ENDER ON THURSDAY STANDING

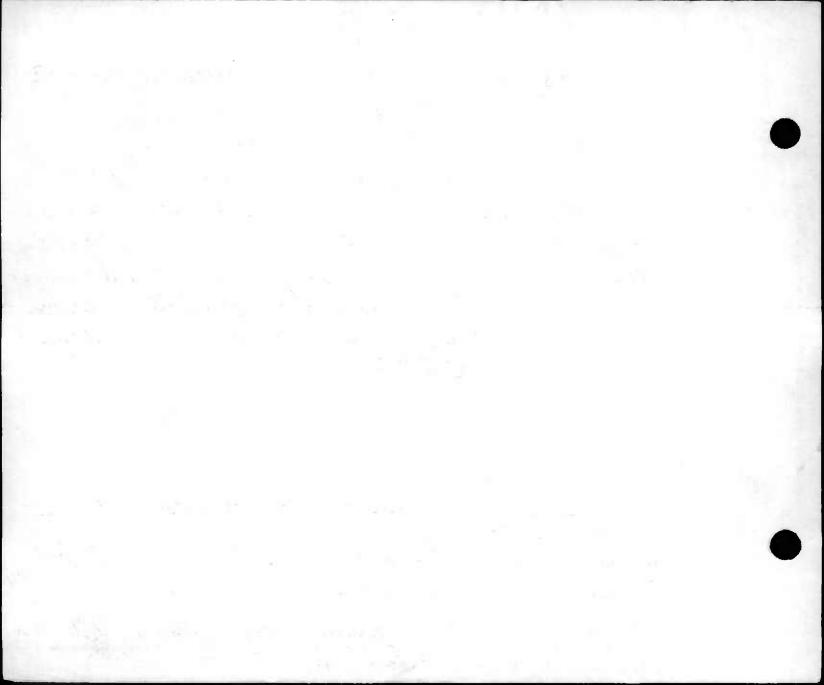
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be instanced by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	١.,	FOR	DEPARTMENT OF HEALTH AND MENTAL HY	GIENE "
B)	1.	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
(P.)		CEASED NAME FIRST	MIDBLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
0 0	(TYPI	ERWES	+ W. Blake	august 30, 1984 6 30
o o	3. SE		1. RACE S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
director, page haurs ofter deal		m	WHITE 11 15 23	60 YRS.
2 hau		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
Nun Z		lest Virginia	U > f widowed □ Divorced □	Anne Arundel Co. MD.
12	10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126 USUAL OCCUPATION (1YP) O WORK FOR MOST OF WORKING LIFE) INDUSTRY
tie c	USU	Thra polls	Anne Arundel General HOSP.	1/1/6K 1/03/)
led in	13a	STATE 136 COUN	TY 134 CITY OR TOWN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE
25 S	14. E	ATHER'S NAME	Frundal Severna Park YES NO IS	10 Ann CT. 21196
completely filled in by the funeral director. i and 2 should be filed within 72 haurs offi olexemmer must be not filed at office.	-		MIDDLE Blake IV MURTLE	Sharpe
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	of ADDRESS ON A
n ond or Poges	L	No -	Many	La laste Blake - Obone
ysicio opera vol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line (o (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph remo			TE CAUSE (o) Langunos Co	n from OIC 29 m
cork n, or motio	1	£	DUE TO, OR A CONSEQUENCE OF	6 assister 3 cm
move notio		Conditions, if ony, which gove rise to immediate	(b) Comorto W.V) squa
by th oren		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEGUENDS	
pleo uriol,		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIVEN IN PART 110
Then Then to b	S S S			
prio prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ronsit per Hygiene 18 shows	FE			YES NO YES NO
infront I-trons of Hys		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE THE PARTY NAMED IN THE PARTY	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)
S certi	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 19	
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After sost ofth o		AT WORK AT WORK	august B St	to Cargust 30 19 84 that (1) (max lost
OR: F Hee		sow the deceased alive on	of the deceased from 1984, and that in (my) to opinion	n death occurred on the date and hour and from the causes stated
DiRECT oched fo Dept. o	1	obove, (I) (me) (did) (did ac 27h_SIGNATURE	DEGREE	22c DAJE SIGNED
1 E D		Cru m	Quelan Son M.D. ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN
Id be deto	1	270. PHYSICIAN'S NAME (TYPE	22e ADDRESS	2/40/
FUNERAL Cold be de in the Stott		GARY/h.	Kichnadson 104 FORbes J	topet ANN Apolis, md
2413	73a	MOTHAL CREMATION REMOVAL	73h DATE / PAR NAMBOF CEMETERY OR CREMATORY	SHE LOCATION A SOUND AF SIZE O
	(Telenstun	83/84 Westmen a	en Upstyney Salte his
16 50M 4/83	24.7	UNERAL DIRECTOR	1146 7 15E	PO'5

DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furshould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the

MPORTANT: If Hem 21 is marked or Hem 18 shaws any

death. Page 4 may be

STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
CERTIFICATE OF DEATH							

1 -	FOR STATE REGISTRAR			DEPART		ICATE OF	D MENTAL HI	AGIENÉ I	REG. NO	D.			
	CEASED NAME	FIRST	N	IDDLE		LAST		2a DATE	OF DEATH	HTHOM	DAY YEAR	2b. HC	OUR
TYPE	RONA	210	5	B	VAK	5				8 .	5 84		M
SE			4. RACE		5. DATE C			6 AGE (H	N YEARS LAST BIRT	HDAY}	IF UNDER I YE		ER 24 HRS
n	2		ω .		C 3	28			48	YRS.	MONTHS DA	TS HOURS	MIN,
a BI	RTHPLACE (STATE OR	FOREIGN		VHAT COUNTRY?	8.	_		9 BALTIN	ORE CITY O		OF DEATH		
	Maryland		U.S.		WIDOWE		R MARRIED L		Anne A	runde	1 Cour	ity	MD.
0 C	TY OR TOWN OF DEA	ATH	(IF NOT IN SUCH	OSPITAL, NURSIN I FACILITY, GIVE STREET nterhave	IG HOME (OR OTHER IN	ISTITUTION	(TYPE OF W	LOCCUPATE ORK FOR MOST O	F WORKING LI	FE) INDUST	7.70	NESS OR
	AL RESIDENCE (# NURS		OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)					2.76	1 011	Cuic	COUL
3a. S	Md.	13b COUN		Gambril		YES T	NO		TADDRESS	b	D.	210	E 4
4. F.A	THER'S NAME	IAIIIE	Arundel	Gambers	12		R'S MAIDEN N		Winte	rnave.	n Dr.	_210	34
	George F		ake	LAST		Joyc	ce El	izabet				LAST	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFOR	MANT		ADDRE	SS			
	Yes	1955	5 - 59	579-46-	0950	Eliza	abeth A	nne Bl	ake - :	Same		OXIMATE IN	
7	Conditions, if any, gove rise to improve couse (a), status underlying couse PART 2. OTHER SIGN	nediate ng the last.	(c)	AS A CONSEOU		NOT RELAT	ED TO THE TER	RMINAL DISE	ASE OR CON	DITION GIV	EN IN PART	lio	
CERTIFICATION	196 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a AU	TOPSY?	IN CERTI	S, WERE FIN FYING CAUS	DINGS US SES OF DE NO	ATH?
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	The second second	A. MONTH D	AY YEAR	21c HOW	INJURY OCCU	JRRED (ENTER	NATURE OF INJUS	RY IN ITEM 18 (PART I OR PART	21	
MEDICAL	21d. INJURY OCCUR	702	218 PLACE C	OF INJURY SET, FACTORY OFFICE F	ARM ETC)	211 LOCA STR	TION		CITY OR TO	WN	COUNTY		STATE
	22a I certify that (I) saw the deceas above, (h (we) (ed alive on_	7/23	19			ny) (our) opinio	n death occur	red on the do	ote and hou		the couses	
	27b. SIGNATURE	act	E. Sel	ouid,	llo	DEGREE	ATTENDING PHYSICIAN		R PHYSIC		17c DA	TE SIGNE	84
	STUQU	T E		(onicl	(51	Frank	clin S	treet	- 1	Annaf	polis	and.
3e. 6	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY O	R CREMATORY	23d. LO	CATION				

etained by the haspital ar

DHMH - 16 50M 4/B2 (VRA 15, 4)

COLUMBIAC MORTUARY SERVICE FORDERESS GEORGETOWN SCHOOL

WASH.

COUNTY

AUG 21 1984 Fulia Savidas Romanure Julia Davidson Bons

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove corbonpapers-Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physicion.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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60	U	-		

MALE IPLACE (STATE OR FOREIGN) IPLACE (IF NURSING HOME OR	11 /	S. DATE OF FEB. S. MARRIED WIDOWED NG HOME OR COURSE DO LIS III	7, 1926 NEVER MARRIED ONORCED ONORCED OTHER INSTITUTION RIVE 34. INSIDE CITY LIMITS? YES NO SO 5 MOTHER'S MAIDEN NA MARY FIRST	134 USUAL OCCUPATION 139 ET PEET A GOTT DON C AME MIDDLE L ADDRESS	COUNTY 126 KIND OF BUSINESS CO PH 1005 RY CO.
MALE IPLACE (STATE OR FOREIGN) IPLACE (IP NURSING HOME OR	CAUCASIAN TO CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN 15'24' IN SUCHED ON STREET OTHER INSTITUTION, GIVE RESIDENCE BEFORE TARUNDE L'3C. CAYNOLOW ARUNDE L'3C. CAYNOLOW WARD FORCES? E WAR OR DATES) US OB COUSE (D) DUE TO, OR AS A CONSEQUE (b)	FEBH. 8. MARRIED WIDOWED NG HOME OR OF THE ADMISSION OF	7, 1926 NEVER MARRIED ONORCED ONORCED OTHER INSTITUTION RIVE 34. INSIDE CITY LIMITS? YES NO SO 5 MOTHER'S MAIDEN NA MARY FIRST	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL 120. USUAL OCCUPATION 131. STREET ADDRESS AME MIDDLE L ADDRESS	Y OF DEATH COUNTY 126 KIND OF BUSINESS OF TOUS RYCO. COVE RD.2140 LECLERC SAME AS 13E
ORTOWN OF DEATH A POLIS ESIDENCE (IF NURSING HOME ORE IT LAND ANNE OR GET OBCERSED EVER IN U.S. ARM OBCERSED EVER IN U.S. A	USA 11. NAME OF HOSPITAL, NURSIN 15 24 IN SUCCEDENCE BEFORE ARUNDE LIST. ANN AP MIDDE OUS SAINT MED FORCES? 166 SOCIAL SECUL O WAR OR DATES) 0 0 3 - 1 6 BY: E CAUSE (a) DUE TO, OR AS A CONSEQUE (b)	MARRIED WIDOWED NG HOME OR SOVE DO LIS II	ONORCED OTHER INSTITUTION RIVE 34. INSIDE CITY LIMITS? YES NO SO 5 MOTHER'S MAIDEN NA MARY FIRST	P. BALTIMORE CITY OR COUNTY ANNE ARUNDEL 120 USUAL OCCUPATION 120 USUAL OCCUPATION 121 DE PROPERTI PET OF GRAP 131 DE PROPERTI AGGERTON AME ADDRESS	COUNTY THE TEST CO. COVE RD.2140 LECLERC SAME AS 13E
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ART 2 OTHER SIGNIFICANT CO	(c) CONDITIONS CONTRIBUTING TO D	DEATH BUT N		MINAL DISEASE OR CONDITION GIV	S, WERE FINDINGS USED
CORPAT WAS INDERLYING	TIME OF INITIDY	13%	11. HOW/INTERVOCCUE	YES NO YES	
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WORK NOT WHILE WORK			ZII LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive on	APPRAS 81 20 19 P	M, ond	that in (m) (and) opinion	death occurred on the date and hav	19, that (1) () lur and from the couses stated
Hill & J	Elenta aus		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8 24/84
MICHAEL J	· LatentA M	10	7036100IN		145 Md 21481
IAL, CREMATION, REMOVAL	AUG. 28, 184	ST. K	IIERAN CEM.	BEREPN COOS	
d VHI	EITHER, NOTIFY MEDICAL EXAMINER) INJURY OCCURRED USE NOT WHITE OR AT WORK SOR AT WORK SOW the deceased alive on obove, (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	CONTRIBUTING CAUSE OF DEATH EITHER NOTIFY MEDICAL EXAMINER) P.M. 1NJURY OCCURRED OR NOT WHITE ALWORK 1 certify that (1) this haspital) attended the deceased from sow the deceased glive on Approx 81 SIGNATURE PHYSICIAN'S NAME (IVPE OR PRINT); ICHTEL AUG. 28, 184 URIAL	CONTRIBUTING CAUSE OF DEATH EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 INJURY OCCURRED THE NOTIFY MEDICAL EXAMINER) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE NOTIFY HELD (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE NOTIFY HELD (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE NOTIFY HELD (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE NOTIFY MEDICAL EXAMINER) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR EITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED ILE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) IC certify that (I) (thus baspital) ottended the deseased from sow the deceased alive on Affirm 19 opinion obove, (I)	HOUR A.M. MONTH DAY YEAR ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 10 STREET CITY OR TOWN STREET CITY OR TOWN STREET CITY OR TOWN STREET CITY OR TOWN TO A CONTRIBUTION STREET CITY OR TOWN STREET CITY OR TOWN TO A CONTRIBUTION STREET CITY OR TOWN STREET CITY OR TOWN TO A CONTRIBUTION STREET CITY OR TOWN STREET CITY OR TOWN

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completely filled in by the funeral director, s I and 2 should be filed within 72 hours afti

FOR

Male June 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in my the furshauld be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

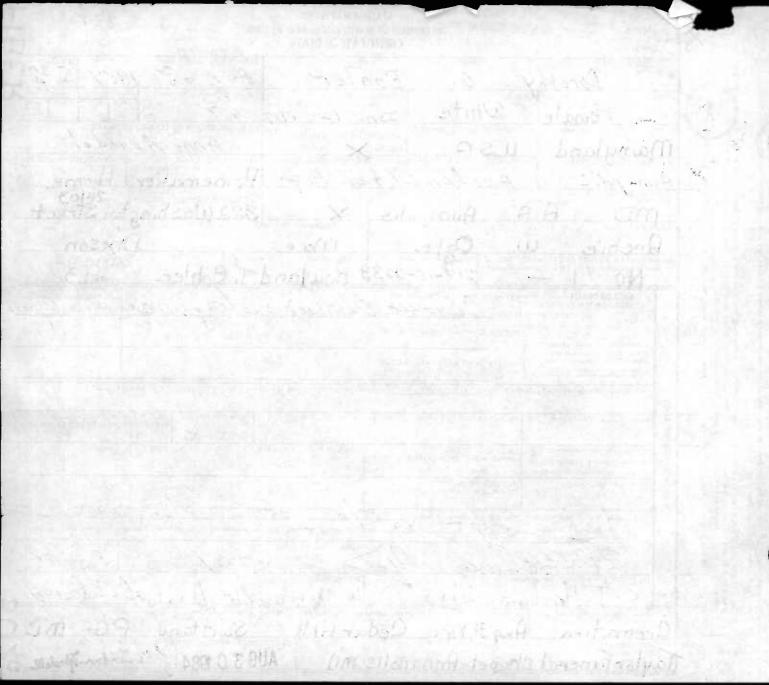
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83	3 %	.)	- /	1
A. A.	6.2	0.8		
8.49	100	-20		

	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	ECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	Dorothy	O. Bohler	Hug 28 1987 3 8
3. SE	EX RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (FYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
	Pemale	White Jan. 12 19.	
70 B	BIRTHPLACE ISTATE OR FOREIGN 76 CITIZ	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
Ш	Naryland U	US A WIDOWED DIVORCED	o Home Heundal
10 C		ME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF IN SUCH FACILITY, GIVE STREET ADDRESS)	170 USUAL OCCUPATION 126 KIND OF BUSINESS C
14	nna polis	thre HRundel och. Hosp	Homemaker Home
	UAL RESIDENCE HE NURSING HOME OF OTHER INS STATE 13b. COUNTY	13d. CITY OR TOWN 13d. INSIDE CITY LIMITS	? 13 STREET ADDRESS / ZIP CODE , 21403
	MD HA.	Hnnapolis YES NO [1322 Washington Street
14. F	FATHER'S NAME MIDDLE	15. MOTHER'S MAIDEN	MIDDLE LAST
	Hrchie W.	Cale Mae	Dixson
	WAS DECEASED EVER IN U.S. ARMED FO		ADDRESS Same as
	NO -	214-10-2233 Rowlar	1d7, Oohler- #13
	18 CAUSE OF DEATH (Enter only one co	ouse per lipe for JoP. (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	In Gerouse PASTERAT	Engling VISPOSA Restrated
	IMMEDIATE CAUS	E (0)	
	DU	E TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which	(b)	
	gove rise to immediate cause (a), stating the	TAO OR AS A CONSTOURNESS OF	
	underlying cause lost.	ETO, OR AS A CONSEQUENCE OF	
		(c)	
7		IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVEN IN PART 10
ō			
13	198. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
IIFICAT	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
ERTIFICAT	19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYING 721b.	TIME OF INJURY 71c. HOW INJURY OCC	YES NO
A CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	TIME OF INJURY OUR A.M. MONTH DAY YEAR	IN CERTIFYING CAUSES OF DEATH?
R	OR CONTRIBUTING CAUSE OF DEATH	TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19	YES NO
R	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTHEY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21e.	TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY 711. LOCATION	YES NO
MEDICAL CERTIFICAT	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 21d INJURY OCCURRED 21e.	TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY 711. LOCATION	YES NO NO NO CERTIFYING CAUSES OF DEATH? YES NO
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R	OR CONTRIBUTING CAUSE OF DEATH IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK 220.1 certify that (I) (this haspital) after sow the deceased alive an above, (I) (we seed alive an above, (I) (we seed alive an above, (I)) we seed alive an above.	TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.) Indeed the deceased from	TURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) CITY OR TOWN COUNTY STATE TO MEDICAL STAFF
R	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTWHILE AT WORK 22a.1 certify that (I) (this haspital) attended to the saw the deceased alive an above, (I) (weblied) (did not) view 11 22b. SIGNALURE	TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.) Indeed the deceased from 19 ond that in (my) (too) apini he body after death. DEGREE ATTENDING PHYSICIAN 22e ADDRESS	VES NO NO NO NEETHEYING CAUSES OF DEATH? YES NO NO NO NEETHEY NO NO NEETHEY NO NO NO NEETHEY NO NO NEETHEY NO NO NEETHEY NO NEETHEY NO NO NEETHEY NO NO NEETHEY NEETHEY NO NEETHEY NO NEETHEY NO NEETHEY NEETHEY NO NEETHEY NEETHEY NO NEETHEY NO NEETHEY NEETHEY NO NEETHEY NEETHEY NO NEETHEY NO NEETHEY NEETHEY NO NEETHEY NO NEETHEY NEETHEY NO NEETHEY NEETHEN NEETHEY NEETHEN NEETHEY NEETHEN
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MEDICAL	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTHY MEDICAL EXAMINER 21d INJURY OCCURRED 21d INJURY OCCURRED AT WORK NOTWHILE IAT 270. I certify that (I) (this haspital) atte Sow the deceased alive an obove, (I) (westerd) (id not) view 11 272b. SIGNATURE 272d PHYSICIAN'S NAME (TYPE OF PRINT)	TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.) Indeed the deceased from	IN CERTIFYING CAUSES OF DEATH? YES NO CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) CITY OR TOWN COUNTY STATE IO STAFF IO DIRECTOR PHYSICIAN THE DATE SIGNED A WEDICAL PHYSICIAN THE DATE SIGNED
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10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conhold be detached for use as the buriol-transit permit. Then please remove contompopers. Pages 1 with the State Dept of Meolth and Mental Hyginine prior to buriol, cremation, or removal.

any injury, or other troumable event,

MPORTANT: If hem 21 is marked or from 18 shows

CTATE OF MARYIAND

STATE OF MAKTLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	dE "						
CERTIFICATE OF DEATH							

1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	CEASED NAME	FIRS1	,	MIDDLE	i.	AS1	T	20 DATE OF DEA		DAY YEAR	26 HOUR	
		cis J	Bozek	Jr (aka) Fr	rank i	J. Bozek J			8	19 84	9:40AM	
3. SEX 4. RACE				5 DATE OF BIRTH			AGE (IN YEARS LA	(ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
Male White				2	2 22 26 58 VRS					MOOKS MIN.		
	RTHPLACE (STATE ORI	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE!	NEVER MARRI	IED 🗍	9 BALTIMORE CITY OR COUNTY OF DEATH				
	ryland		U.S.A. WIDOWE			Anno Am			ne Arur	undel MD.		
	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSING HOME OR OTHER INSTITUTION				126 USUAL OCCUPATION 126 KIND OF BUSINESS OR				
100	len Burnie			rundel Ho		il		Self Emp	loyed	Packa	ge Store	
USU:	AL RESIDENCE (# NURS STATE Md	13b COUN	OTHER INSTITUTION,	A Paltimore		13d. INSIDE CITY LIA		13. STREET ADDRESS / ZIP CODE 21226 7214 Ft. Smallwood Road				
14. F.A	THER'S NAME					15. MOTHER'S MAIL		E				
	Francis		J.				sephi	ine Waselewski				
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		A	DDRESS			
(YES, NO OR UNKNOWN)		E WAR OR DATES)	217-20-98	344	Virginia	a F. I	Bozek	Same a	ıs 13e		
MEDICAL CERTIFICATION	18 CAUSE OF DEATH (Enter only one cause per line for the							NAL DISEASE OR 1 20a AUTOPSY? YES NO	206 IF Y	BETWEEN A	NGS USED OF DEATH?	
GE	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY				RY 216 HOW INJURY OCCURE			D (ENTER NATURE O	FINJURY IN ITEM 18	B PART I OR PART 2)		
CAL	OR CONTRIBUTING CAUSE OF DEATH		.M. 19									
EDI	21d INJURY OCCURRED 21e PLACE C		OF INJURY REET FACTORY, OFFICE FARM ETC.) 211 LOCATION STREET			Ciffy	OR TOWN	COUNTY STATE				
>	AT WORK AT WORK					2-128 3/1 Ma. F						
	270 I certify that (I) (this hospital) attended the deceased from sow the deceased alive yn above. (I) (we) tall did raid from the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH											
	21	10	21700	140	7	17/02	diame	An al	7 3	00/	116	
	Cremation.		8/21/	1		EMETERY OR CREMA			sville	· Balt	7	
	eorge J.	Gonce	4001	Ritchie H		Balto Md	AUE	2 1 198	A Juna	STRAR'S SIGNA	AREADL.	

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the first term of the same of requires that the death certificate

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the haspital or attending physician.

executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT; If Item 21 is marked at Item 18 shaws any injury, or ather traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL MYGIENE

CERTIFICATE OF DEATH

		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.			EDT	
1. DECE ASE		CEASED NAME FIRST MIDDLE OR PRINT)	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
		RUSSELL	BRADY	AUGUST	07. 19	984	1000 PM	
	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS	
-	y	MAKE WHITE	5 3 1902	182	YRS	THS DAYS	HOURS MIN.	
		RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
4		MID. USH	WIDOWED DIVORCED	THE PARTY OF THE P			MD.	
P	10. CI	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUR! (IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION "	THE THE WORK FOR MOST O	ON KING LIFE)	126 KIND O	F BUSINESS OR	
		EN BURNIE NORTH ARUNDE:		LAKPEN	IERY	DUS	1K4C1104	
		AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BER TATE: 13b. COUNTY	130. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIPICODE	oe C	4.21114	
ř	14 FA	THER'S NAME	15. MOTHER'S MAIDEN N	AME		LAS	1	
ě		EDWARD NORFOL	K	UNK		LAS	- 1	
		VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SE	CURITY NO. 17 NEORWANT	Ra ADDRE	SS	Ob.		
		NO 1 - 214 161	6203 -VHN K.	JEADY II	13	1		
İ		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b)	and (c).)			BETWEEN	MATE INTERVAL ONSET AND DEATH	
ı	.34	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) COYO	100 u/monani	anest		m	med	
1		DUE TO, OR AS A CONSEC	DUENCE OF A	0 1				
		Conditions, if ony, which (b)	Deernolles in	Lancote		mn	rad	
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEC	OHENCE OF 1		Λ)	100	
		underlying cause last.	IDSELLADDE DAY	DSelenone parolovaneular des				
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MIN AL DISEASE OR CON	DITION GIVEN	IN PART 140	0 '	
-	NO.	Sepera domentia	Usingua throat	ndecton				
i	TAC	190. DATE OF OPERATION 196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W			
7	CERTIFICATION			YES T NOT	IN CERTIFYIN	G CAUSES	OF DEATH?	
į	CER	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)		
P		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	DAY YEAR					
Cidan	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY	21f LOCATION					
	W	WHILE NOT WHILE AT WORK AT WORK	CE, FARM, ETC } STREET	CITY OR TO	WN	COUNTY	STATE	
	27	22a I certify that (I) (this haspital) attended the deceased from	1 June 29, 19 80	to	15 9 19-	87	that (1) (we) lost	
		sow the deceased alive on	and that in (my) (our) opinion	death accurred on the de	ate and have on	d from the	couses stated	
	200	22b. SIGNATURE	DEGREE			Th. DATE	SYCNED	
	343	- DINIA (1 XONIII	D.O ATTENDING PHYSICIAN	MEDICAL STAI		8/8/	1821	
		22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS		MARYLAN	ID 27	061	
	6.	DAVID A. SCHWARTZ, D.Q.	7845 OAKWOOD	ROAD # 200		10000		
	23a B		BE NAME OF CEMETERY OR CREMATORY	12m LOCATION	GUEN E	OMITE	77	
	10	52 minting 8/9/84	Et Libron of	CITY OR TOWN	2500	July	MAJATE	

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FUNERAL DIRECTOR

FOR - STATE

250 DATE RECID. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page retained by the haspital or attending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

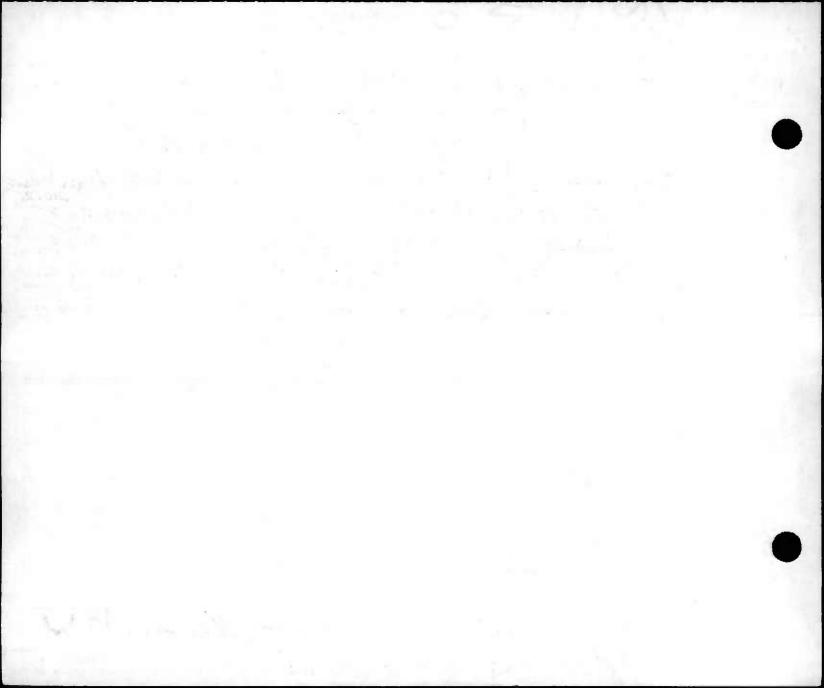
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE * CERTIFICATE OF DEATH

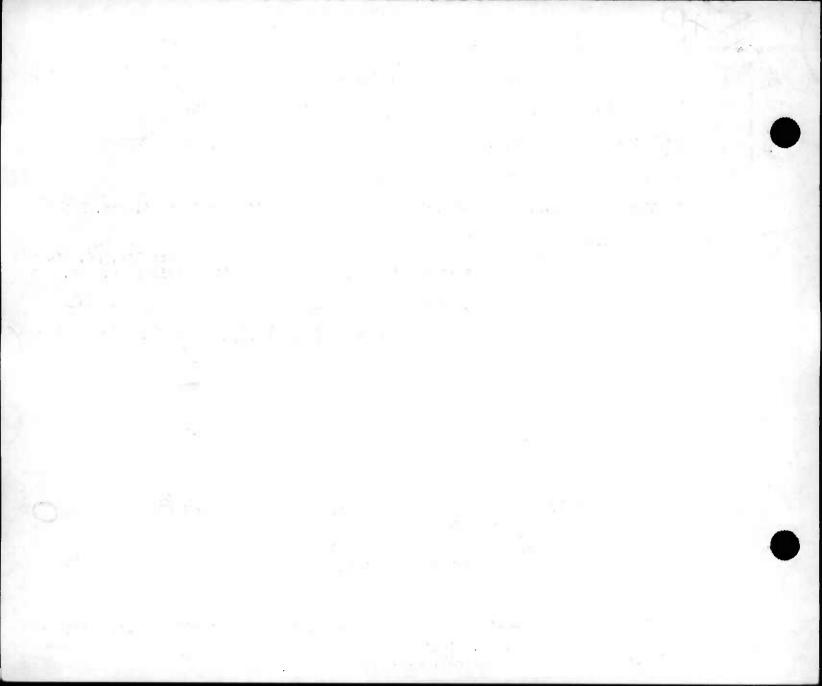
L	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.					
Ī	DECEASED NAME FIRST	Linia B	Pourter	20 DATE OF DEATH M	-3-84	26 HOUR			
13	3. SEX	4. RACE S. DATE MOST	OF BIRTH 2-36-12	6 AGE (INYEARS LAST BIRTH	DAY) IF UNDER LYEAR MONTHS DAYS YRS.	IF UNDER 24 HRS. HOURS MIN.			
7	O. BIRTHPLACE (SLATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? MARRIE	_	9 BALTIMORE CITY OR	COUNTY OF DEATH	MD.			
	AWNAPOLIS	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY CITY STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATIO OPE OF WORK OF MOST OF W	WORKING LIFE) 126 KIND (INDUSTRY	of BUSINESS OR			
	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI	134 INSIDE CITY LIMITS?	13. STREET ADDRESS /	ZIP CODE	0 21012 East			
1	4 FATHER'S NAME	MIDDIE Devell	IS MOTHER'S MAIDEN NAM	ME	Huk	alle			
	(YES, NO OR IN NOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO. 2746-4916	Wm-C	· Branst	en - Ol-	oue.			
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), and (c).) ED BY. TE CAUSE (o) Carn to service	shock 2	° m1	APPRO) BETWEEN	SOMETE INTERVAL LONSET AND DEATH			
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	ROST ECAM	2° €1					
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	IN DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		206 IF YES, WERE FINDS IN CERTIFYING CAUSE: YES				
- 1	OR CONTRACTOR CALLES OF OF	HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART ?)				
	TO CONTRIBUTING CAUSE OF DE LE ETHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK ALL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	ZIL LOCATION STREET	CITY OR TOW	N COUNTY	STATE			
	220 1 certify that (1) (this hospital) attended the deceased from 7/27, 19 84, to 5/3, 19 89, that (1) (we) lost sow the deceased alive on 5/2, 19 84, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (sea) (did) (did not) view the body after death.								
ł	22b. SIGNATURE	the our	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	_	E SIGNED			
1	124 PHYSICIAN'S SARAY LINE	JACO TECTEROUN	22e ADDRESS						
L	234 BURIAL REMATION, REMOVAL	736 DAVE /84 236. NOWE OF	CEMETERY OR CREMATORY	23d. LOCATION GIVOLOWN	Burne,	1 his			
	24 FUNERAL DIRECTOR	ADDRESS .	A I B	E REC D. BY REGISTRAR 2	and the	TURE			

DHMH - 16 50M 4/83 (VRA 15, 4)

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1. D	DECEASED NAME	leven	wial	C.	Brow	x-5	REG. NO 20. DATE OF DEATH	MONTH DAY	-84
) 1.5	SEX M		RACE BLACK		S DATE O		& AGE INVENSIASIES	PRS. If (IN	IDER I YEAR
	BIRTHPLACE (STATE ARYLAND	OFFICE	JA CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	D Never Married	ANNE ARUN	_	
	CITY OR TOWN OF I	DEATH	OF NOT IN SO	CHEACHTY DIMENTER	ET ADDRESS)	L HOSPITAL	17a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		26 KIND OF NDUSTRY
J. W. 13a	ARYLAND	13h COUN	ALA.	ANNAPO	WN	YES NO	134.STREET ADDRESS /	zip code	Apt. I
2/	FATHER'S NAME MCCLAN	E	webit	BROÖKS		CECELIA	ME MIDDLE	DC	OWNS
16e	WAS DECEASED EV	ER IN U.S. AR	MED FORCES? IE WAR ON DATEST	218-14-		ELIZABETH BRO	OOKS 1120 Ma	hapolis Adison S	s, Md.
anner manmon	Conditions, if a gove rise to couse (a), should underlying as	immediate ofing the	(b)_	OR AS A CONSEQ	نو ول	stwelive p	uluvery	ds	Long
State of the state	gove rise to come (a), shounderlying ca	immediate oring the use last IGNIFICANT ((c)	CRION DR AS A CONSEQUENT ON TRIBUTING TO	RUENCE OF	MOT RELATED TO THE TERM	INAL DISEASE OR CONT	OITION GIVEN I	N PART I IO
MEDICAL CERTIFICATION	gove rise to come (a), shounderlying co PART 2 OTHERS The DATE OF OPE The DATE OF OPE The ACCOUNT WAS OR COMMENDER WOLLD'S A STREET WOLLD'S A STREET WAS THE INJURY OCC.	Immediate of the one last. IGNIFICANT (RATION UNDERLIBED OF THE ORDER OF THE OR	DUE TO: CONDITIONS CON	ONTRIBUTING TO	D DEATH BUT CH OPERATIO DAY YEAR	NOT RELATED TO THE TERM	INAL DISEASE OF CONE 286. AUTOPSY? YES [] NO.	ZIBL IF YES, WE IN CERTIFYING YES	N PART I III ERE FINDINI G CAUSES (
529	gove rise to course for the underlying co PART 2 OTHER 5	Immediate of the one lest. IGNIFICANT (RATION UNDERSTRACE UNION ALEXANDER	DUE TO: CONDITIONS CON	ONTRIBUTING TO OF INJURY OF INJURY OF INJURY	DEATH BUT CH OPERATIO DAY YEAR 19 LIAIM, CIC.	NOT RELATED TO THE TERM IN WAS PERFORMED 714. HOW INJURY OCCURR 716. LOCATION LITERAL TO MAN (MAN) (MAN) OPERIOR (MAN) DEGREE	INAL DISEASE OR CONIC	TOTAL TO STATE OF THE STATE OF	COUNT



+	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENES 2 0	5 8 2
		CRASED PAME PROF	R	Bre	Brown	20. DATE OF DEATH MONTH	SY YEAR 26 HOUR D. VO A.M.
)	1. SE	* F	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) YRS.	
55	MA	RTLAND	CITIZEN OF WHAT COUNTRY	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT	TY OF DEATH MD.
53	ı	chand	NAME OF HOSPITAL, NURS	ET ADDRESS)	the Rother Institution	12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
35	1Ju 5	RYLAND A. A.			120 [] 110 []	309 Adams Stre	Cet 21403
21	14 FA	JAMES	BOSTON	Į	IS MOTHER'S MAIDEN NAME FIRST LOUISE	WIDDLE	BOSTON
1		VAS DECEASED EVER IN U.S. ARME YES, NOLOR UNKNOWN) (IF YES, GIVE W		CURITY NO.	SYLVIA OFFER	ADDRESS An 309 Adams Stre	napolis, Md. 214 et
1		18. CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED E	O O N O		anel	•	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2000000		Canditions, if any, which	DUE TO, OR 100 CONSEQ	UEDGE OF	- Heard	Jalen	
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF	0		
	ATION		sullation (D D	J D D	e cubitus a	Sanahan
9	CERTIFICA	1% DATE OF OPERATION U	195 CONDITION FOR WHIC	CH OPERATIO		YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO NO
9	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCIDENT CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	B PART I OR PART ?)
orken or	MED	WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

P.M. (IF EITHER, NOTIFY MEDIC AL EXAMINER) 211 LOCATION 714 INJURY OCCUMPED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an above, (I) (we) (did) 4 ind that in (my) (aur) apinian death occurred an the date and have and from the causes stated

DESKEE

230 BURIAL, CREMATION, REMOVAL BURI'AL

BREWER HILL CEMETERY

ATTENDING PHYSICIAN/

Annapolis

Maryland

23r. DATE SIGNED

CTOR Annapolis, Md. 21401 REESE & SONS MORTUARY, P.A. 24 FUNERAL DIRECTOR

8-6-1984

256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURAL COMPANY OF THE PROPERTY OF THE PROPER

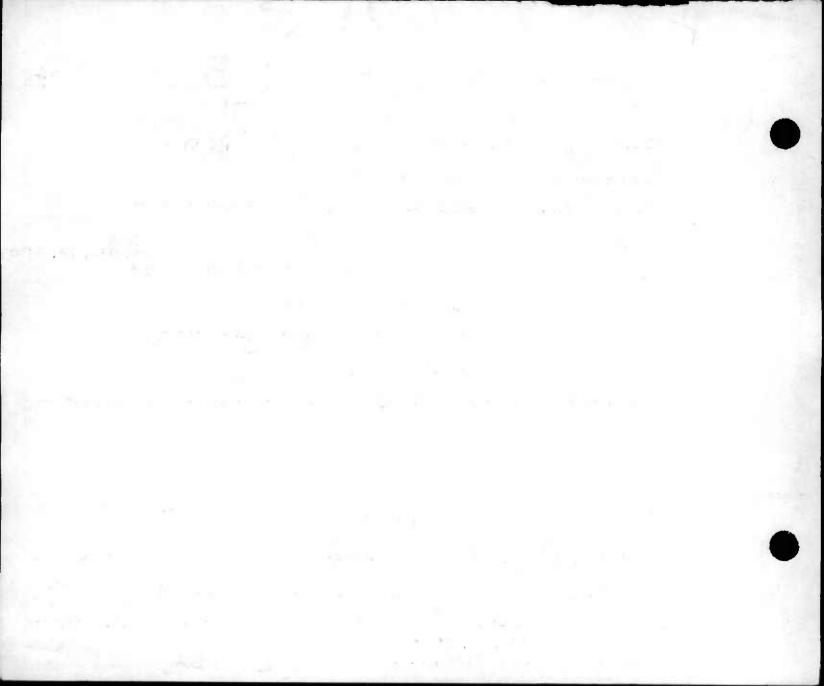
MEDICAL DIRECTOR PHYSICIAN

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR

old be detached for the State Dept. of

MPORTANT: If hers 21 is



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by III should be detached for use as the burial-transit permit. Then please remove corbonopapers. Pages Rand 2 should be filled with with the State Dept. of Heolth and Mental Hygiene prior to burial, crematian, or removal.

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE	VI PLAIII	REG. NO.	
. DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
HES		BRUCE		August 1.	1984 0916 M
SEX	4. RACE	S. DATE OF BIRTH	DAY YEAR		MONTHS DATS HOURS MIN.
Female	Caucasion	3/18/	1921	63	YRS
BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED X N	EVER MARRIED	9 BALTIMORE CITY OR CO	
Whitefield N	H USA	WIDOWED!	DIVORCED [Anne Arund	
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		R INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
Ft. Meade, MD.	KIMBROUGH AR		Y HOSP.	housewife	household
SUAL RESIDENCE (IF NURSING HOME OF 30. STATE 136 COU	NTY 113c. CITY OR TO	nton 13d, INS	1.4.	13e STREET ADDRESS 483 Monterey	Ave 2/1/3
1. FATHER'S NAME	MIDDLE LAST	15 MO	THER'S MAIDEN NA	WE	TZAİ
Vincent		rkins	Edith	Ryan	Perkins
WAS DECEASED EVER IN U.S. A			ORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, G		5-2830 H	lusband-(B	ruce, Preston) Same address
18 CAUSE OF DEATH (Enter of	inly ane cause per line fa (a), (b),	and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	Metastati	c Breast	Cancer	5 years
TAUTICO IS					
Conditions if you which	DUE TO, OR AS A CONSE	DUENCE OF			
Conditions, if any, which	(b)				
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF			
	(c)				
	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RE	LATED TO THE TERM	IN AL DISEASE OR CONDITIO	ON GIVEN IN PART I I a
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	SU OBERATION WAS	DEDECRAFO	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED
DATE OF OPERATION	IVE. CONDITION FOR WH	CH OPERATION WAS	PERFORMED	IN	CERTIFYING CAUSES OF DEATH?
E E	The state of history	101.00		YES NO Y	YES NO
		DAY YEAR	DW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)
HE EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19			
OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI		STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK					
22a. I certify that (I) (this has	n 0916 / 1-7-	0904/	-7-, 19 8		nd haur and from the causes stated
abave, (1) (we) (did) (did n	at) view the bady after death.			dediti decorred on the date a	
276. SIGNATURE	17 1	DEGREE		MEDICAL STAFF	221. DATE SIGNED
1 the	V. Ichyafun	CITIME	PHYSICIAN	DIRECTOR PHYSICIAN	X August 1, 19
274 PHYSICIAN'S NAME (TYPE			DDRESS		
Mike A. Roy	yal, CPT, MC	k	IMBROUGH	ARMY COMMUNIT	Y HOSPITAL
30 BURIAL, CREMATION, REMOVA		C NAME OF CEMETER	Y OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
SPECIFYBurial	8/6/84	Crownsvil	lle V.	A. Cem. Cros	wnsville A A Md
4 FUNERAL DIRECTOR			250.,041	E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
Hardesty Funer	al Home 12 ADDR	idgely Av		6 1984	- waydon Randell
a - a - a - a - a - a - a - a - a - a	wa mound ann	Md 21/10	7		

DHMH - 16 50M 4/B2

retained by the hospital or attending physician

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(VRA 15, 4)

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STATE OF MARYLAND DEPARTM

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EN	T OF	HEAL	TH AND	MENTAL	HYGIENE	4
CI	ERT	IFIC/	TE OF	DEATH		

REGISTRAR 20 DATE OF DEATH L DECEASED NAME MONTH DAY YEAR 2h HOUR 84 8 12 MARJORIE R. CASTLE IF UNDER 24 HRS 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 13 White Female 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED Anne Arundel U.S.A. Maryland WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR 12a USUAL OCCUPATION HOUSEWITE INDUSTRY North Arundel Hospital Glen Burnie Home Maker 130 STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE CITY OR TOWN Md A.A. Pasadena 339 Magothy Beach Road 21122 KON 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Osbourn Hennemen John Mabel Mildressville, Md 21108 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) Joseph P. Castle Jr. 493 Kenora Drive 214-54-1901 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIAC HRESS maliste IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STATE AT HOME STREET FACTORY OFFICE FARM ETC.) AL WORK 22a I certify that (1) this hospital) attended the deceased from saw the deceased alive on 1/3/87 above (1) we) (did) did not view the body after death. and that in (my (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22h SIGNATURE 22c DATE SIGNED ms ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 3708 MT- Rd, Hasaden Mos 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DHMH - 16 50M 4/83 (VRA 15, 4)

novid be detained the State [FUNERAL

George J. Gonce 4001 Ritchie Hgwy Balto Md

- STATE

8/16/84

Glen Haven Mem Pk

Glen Burnie

Md

250 DATE REC'D, BY REGISTRAR 256 REGISTRAB'S SIGNATURE AUG 1 5 1984

Total Contract Contra

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page I may be retained by the haspital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, ashould be detached for use as the busial-stooms permit. Then please remove corbonopapers. Pages 1 and 2 should be filed within 72 tours after death with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.

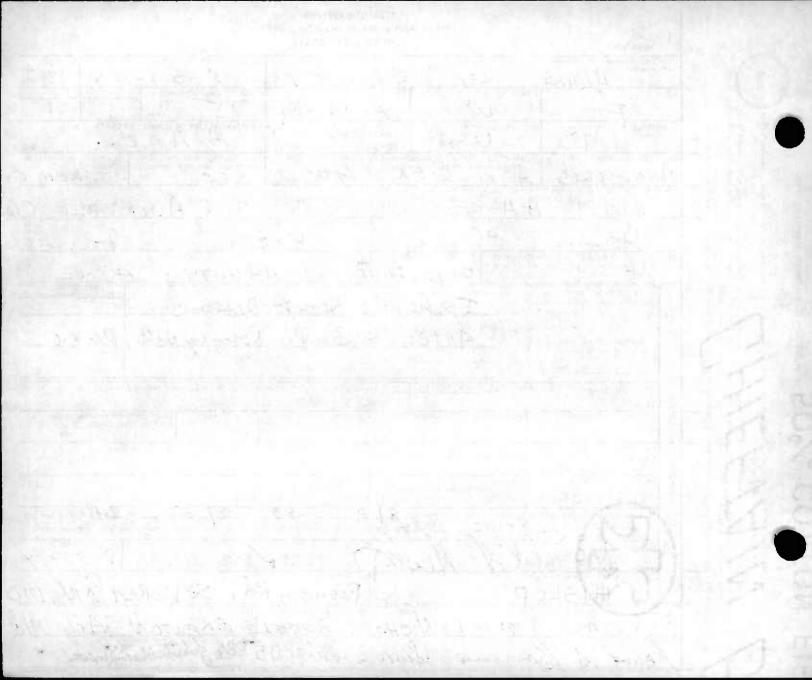
STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYBIENE	b
CERTIFICATE OF DEATH	

1				STATE OF MARYLAND	2	0 5 3)
	1 -	FOR STATE	DEPARTM	TENT OF HEALTH AND MENTAL HYG	IENE *		
L		REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
		ALMA	LEE	CHANEY	8-	29-84	30 M
3	SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	HOURS MIN.
L		F	W	8-19-09	15	YRS.	
7		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	1 /1 7	R COUNTY OF DEATH	
L		110	USH	WIDOWED DIVORCED	10 c t	1. 60.	MD.
1	Λ	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		BUSINESS OR
L		NWAPOLIS	H.H. GE	N. 1705P	SEC.		REH CO
		L RESIDENCE (IF HURSING HOME OR TATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE 134. CITY OR TOWN	N 13d, INSIDE CITY LIANTS?	134. SIREEJ ADDRESS	AUNDAL	1146 CIP.
14	I. FA	THER S NAME	MIDDLE PD LAST	15. MOTHER'S MAIDEN NAI	ME MIDDLE	LAST	418
10	6a W	AS DEPT ASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECUI	RITY NO. M. INFORMANT	ADDRE	SS	Marie C
	()	ES, COUNKNOWN) IF YES, GIV	21403	5201 ALICE A	HMUTY	- ABO	UE
		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and D BY: E CAUSE (a)	emic Hoort	Difeose	BETWEEN	MATE INTERVAL
		IMMEDIA	DUE TO, OR AS A CONSEQUE	NCE OF A	0	0 1 -	
L		Conditions, if any, which	((b) Anter	40 Schoolic	(oronay	Arton VIH	rock
L		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		7	
ı		underlying couse lost.	(c)				
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110	
	CERTIFICATION						
۱	N N	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	
1	RTE				YES NO	YES 🗍	NO []
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LIGUE A M. MONITH DA	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PART 2)	
L	S	(IF EITHER, NOTIFY MEDICAL EXAMINER		19			3 3 3 1 3
ı	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
ı	^ ا	AT WORK NOT WHILE AT WORK					
ı			tol) attended the deceased from	8 9 19 83	10 8 / 15	19 84,	that (1) (we) last
L		sow the deceased olive on obove, (I) Jwe (did) (aid no	8-15- 1) year the body other death.	ond that in (my) (our) opinion	death occurred on the de	ote and hour and from the	couses stated
ı		226. SIGNATURE	11-11-11	DEGREE	/	22c DATE	SIGNED
Г		1x ora	(all Nex		MEDICAL STAI	IAN [Y-3	50-84
1		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	22e. ADDRESS	20	Pa	- 4
		HISL	o P	Mobinson	Ka, SE	VEIGNA IA	IL, MD
2		URIAL CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY 1	STATE 11 1)
L	1	DURIAL	19-1-8XN1	CHOLS BETHE	4 CDE	UTON HI	1/10
2	4 FL	INERAL DIRECTOR	ADDRESS	DL SEPA	E RECTORY DEGISTAR	256 REGISTRAR'S SIGNAT	URE
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DHMH - 16 50M 4/B2 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF CERTIFICATE OF DEATH

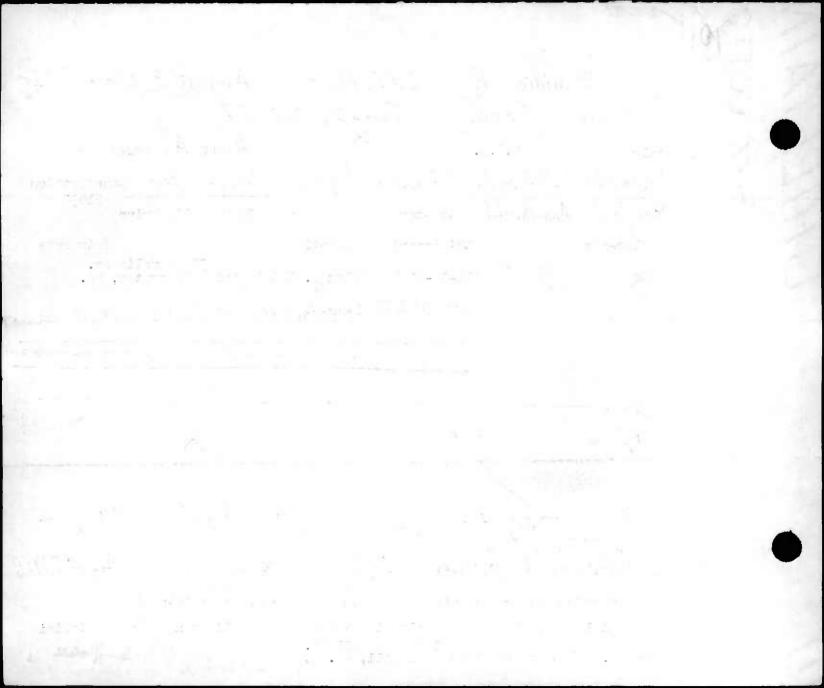
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				REG. NO.	
ASED NAME FIRST EMI	idio P.	CHIA	LASTR/	August 8,	1984 1 AM
Male	Cauc.			6. AGE (IN WARS LAST BIRTHDAY) 7 7 YRS	F UNDER 1 YEAR IF UNDER 24 HRS
HPLACE (STATE OR FOREIGN NIRY)	U.S.A.	MARRIEI WIDOWE	D DIVORCED	9 BALTIMORE CITY OR COUNTY Anne Arm	
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aryland Am	JNTY / 13c	CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO 💽	13e STREET ADDRESS / ZIP CODE 431 Magnolia Dr	
Aleceste	WIDDLE	Chialastri	Petia	MIDDLE	Fairmonte
	IVE WAR OR DATES)		Helen C. Chia	431 Magnol Lastri Edgewa	lia Dr. ter, Md.
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Metastalie	. Squamous a	ell carcinova	APPROXIMATE INTERVAL BET WEEN OMBET AND DEATH G WEEKS
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R CONTRIBUTING CAUSE OF D	EATH HOUR A.M. ER) P.M.	MONTH DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
MHILE NOT WHILE WORK AT WORK			211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive a obove, (I) (we) (did)	Avgust	er death		, 10	
Charles	M. K	nier M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	222 DATE SIGNED 4
IAL CREMATION REMOVA			Annapoli	S. Maryland	
Burial	8/10/84		a Gardens	Arlington	COUNTY Virginia
ERAL DIRECTOR	0/10/04			REC'D. BY REGISTRAR 255 REGIST	
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

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TO TUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illind in by the Turning in had be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 shalling be feet within 72 in the state Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal.

IMPOSTANT: If their 21 is marked by their 18 shows any injury, or other troumatic event, the medical exa

STATE OF MARYLAND

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1 - FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	HENE REG. NO	O		EDT
1. DECEASED NAME	FIRST	MIDDLE	· ·	AST	2a. DATE OF DEATH	ONTH [DAY YEAR	26 HOUR
	OBERT	SAMUEL (CLINE		AUGUST	18	1984	5 41 AM
3. SEX	4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Male	White		May	7, 09924 YEAR	60	YRS.	ACIVINS DATS	HOORS MIN.
To BIRTHPLACE (STATE OR FOR		WHAT COUNTRY?	8 *** A A D D I E	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OF DEATH	
Ohio	U	.S.A.	WIDOWE		ANNE AF	TINDE	L COUNT	Y MD.
GLEN BURNT	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N WORKING LIFE S enta	12b. KIND O INDUSTRY	ited Ain
USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION		DMISSION)	134 INSIDE CITY LIMITS?	12-CZDGETON DODECC /	ZID-CODS		lin
Manyland H	nne Arundel	Pasaden	a	YES NO	13 STREET ADDRESS /	de D	rive	21122
14. FATHER'S NAME	PIDDLE	Clin	e	15. MOTHER'S MAIDEN NA	ME MIDDLE		(hamb'e	ens
(YES MOSUNKNOWN)	U.S. ARMED FORCES? IF YES GIVE YAS OR DATES)	235-24-94		Mr. David Cli	ine 2695 12th		Weinto	6062 on, W. Va.
18 CAUSE OF DEATH	Enter only one cause per	line for (a), (b), and	(C1.)				APPROXI BETWEEN C	MATE INTERVAL
PART I. DEATH WAS	CAUSED BY:	CARDIO		NIC SHO	CK			
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Conditions, if ony, w		ACUTE	- M1	40 CARDIAL	IHAARCTI	01		
gove rise to immed couse (a), stating	the DUE TO, O	R AS A CONSEQUE	NCE OF					
underlying couse	lost.	HYPERTE	NSIVI	E ARTERLOS	CLEAUTIC C	AKDI O	VASCULA	an DISFA:
	ICANT CONDITIONS CO	DNTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	TION GIV	EN IN PART TO	
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Z 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER	I 196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
21g. ACCIDENT WAS UNDER	LYING 7 216. TIME C	F INJURY	-	21c. HOW INJURY OCCUR				110
	SE OF DEATH	M. MONTH DA		4 . 7.				
OR CONTRIBUTING CAL		M. OF INJURY	19	211 LOCATION				
A THE INC. WHITE	(AT HOME, ST	REET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TOW	4	COUNTY	STATE
	nis hospital) attended th	e deceased from	Any	NSL 1982		7	19.8 4	that (1) (we) last
sow the deceased	olive on Straight of the body	ofter death	4,0	nd that in (my) (our) opinion	death occurred on the dat	e and hou	and from the	couses stated
7% SIGNATURE	1	one: deom.		DEGREE	/		22c. DATE	SIGNED
X	5Mlwan	0	N	ATTENDING PHYSICIAN	MEDICAL STAFF		8/18	8784
774 PHYSICIAN'S NAM	E (THE GRANN)		1	22e ADDRESS	3 EAST PATAL	PSCO .	AVENUE	
THE BURIAL CREMATION RE	MOVA TANAR	[23: N	AME OF C	ME TERY OR CREMATORY	E 123 MARY LAND	2122	5	
Bury Bury	al , 8/22/8	11.		emeteru	New Marche	4+	COUNTY	W. Va.
IL SUMERANDIRECTOR.	cully ture	nal Home	0/7	asadertie Izsa, DA1	TE REC'D. BY REGISTRAR 2		PAR'S SIGNAT	

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the furnish dishard be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

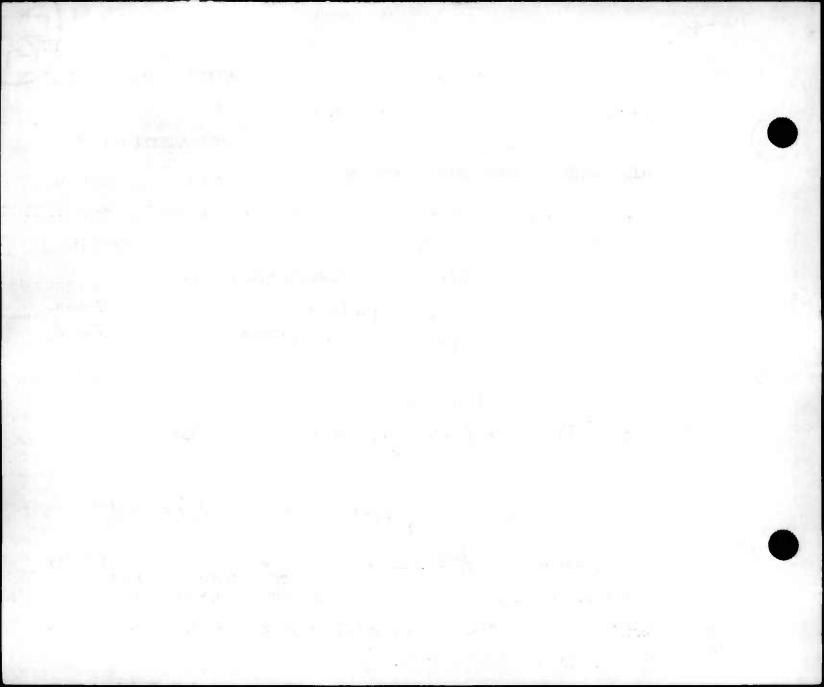
injury, or other froumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MAKTLAND	1.3
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE "
CERTIFICATE OF DEATH	

4-	FOR STATE REGISTRAR			DEPA			ALTH AND MENTA		NÉ REG. N			ED	Г
1. DE	CEASED NAME	FIRST		MIDDLE		LAST	1	2			DAY YEAR	2b. HOUR	_
(TYPE	OR PRINT)	ELVA	A	GATHA	COOL	K			AUGUST	24,	1984	0655	PM
3 SE	K		4 RACE			TE OF		100	AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24	HR5
	Female		White			uly	19, 1905		79	YRS		HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF		TRY? 8.	RRIED	NEVER MARRIE	D 🗆 🥇	BALTIMORE CITY C	_			
	Maryland		U.S.A			DWED					COUNTY		MD.
10 CI	GLEN BURN			HOSPITAL, NU			OTHER INSTITUTION		Type of work for most of Homemaker	F WORKING LIFE	126 KIND O		5 OR
	AL RESIDENCE (IF NURS							-			I OWII II	Onic	
13a. S	MD.	13b COUP	1TY	Crown	nsvill	- 1	3d INSIDE CITY LIM YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc		667 Old F	zip code lerald	Harbor	Rd.	21032
14. FA	THER'S NAME		MIDDLE	LAST			5. MOTHER'S MAID	EN NAME					
	Charles			Pumphre			Elva		MIDDIE		Frankl	in	
	VAS DECEASED EVER		MED FORCES?	166 SOCIALS		0. 1	7 INFORMANT		ADDRE	\$\$) I WIIIVI		
(1	res, no or unknown)	(IF YES, GIV	E WAR OR DATES)	217-14	4-6404		Elva Ca	arr s	ame as 13				
	18. CAUSE OF DEATH	H (Enter on	ly one couse per D BY:	line for At the	nt and jest	7	1				4.4	MATE INTERVA	ATH
		IMMEDIA]	re cause (o)	-119	raic	1/2	ware				400	cens	
			DUE TO, OF	R AS A CONSI	EOUENCE C	17	Carci	nonu	4		8W	eh	
	Conditions, if ony, gove rise to imm		(b)	- Pa	NORE	110	Carra	1101					
	couse (a), statin underlying cause		DUE TO, OF	R AS A CONSE	EOUENCE)F							
	PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING	TO DEATH	BUT N	OT RELATED TO TH	IE TERMIN	AL DISEASE OR CON	DITION GIVI	N IN PART 110		_
ON			$\overline{\Omega}$	onsic									
ATI	19a DATE OF OPERA	TION ,	196 CONDI	TION FOR WI	HICH OPERA	MOITA	WAS PERFORMED		20a AUTOPSY?		WERE FINDIN		-
CERTIFICATION	6-28-	84	06.	it met.	e've S	Tru	india		YES NOT		YING CAUSES	OF DEATH	,
CER	21a ACCIDENT WAS UNE	_	110110 4		DAY	AR	21c. HOW INJURY C	OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)		
AL	OR CONTRIBUTING (IF EITHER NOTIFY MEDIC		4171			19							
MEDICAL	214 INJURY OCCURE	RED	21e PLACE				ZII LOCATION		CITY OF TO	wN	COUNTY	STA	76
Σ	MHILE NOT WH	IILE	[ATHOME SIR	REET FACTORY OF	FICE, FARM ETC		SINELI	0	0/		Dec		
	22a 1 certify that (I)	(this hospi	tol) ottended the	e deceosed fr		12	, 19.	84	, to 0/2	· K	19 84	that) (we) lost
	sow the deceose obove, (I) (we) (c	ed olive on	8/7	Coftee death	19 8 9	, ond	that in (my) (our) a	pinion dec	oth occurred on the d	ote and hour	ond from the	ouses state	ed
	226 SIGNATURE	0/	I VIEW IIIE BODY	11		DE	GREE		/		27c DATE	SIGNED	
		1	511/	Han		M	D. ATTEND		MEDICAL STA		8/2	4/84	
	224 PHYSICIAN'S NA	AME TYPE C	RINT)	1		1	22e. ADDRESS	-	OAKWOOD F		104		
	LONG S.	HSU,	M.D.				GLEN 1		E, MARYLAN		061		
23o. 8	BURIAL, CREMATION,	REMOVAL	236. DATE		23c. NAME C	OF CEA	METERY OR CREMA	TORY	23d. LOCATION		Cabinsty		16
	Burial		27 Au	g. 84	Mt.	Car	mel Ceme	tery	Pasadena	Α	.A.	MD.	
24 FU	JNERAL DIRECTOR								EC'D. BY REGISTRAR	7 0	10000	- C	7.6
	James S. K	irkle	y Glen	Burni	e MD.			All	6271084	grana	Ludson	-Adapte	R

DHMH - 16 50M 4/B3 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR. After this certificate has been ugained by the attending physician and should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiens prior to buriol, correction, or removal.

musy, or other tra-

IMPORTANT: If Item 21 is marked or Item 18 shows any

filled in by the filed

STATE OF MARYLAND

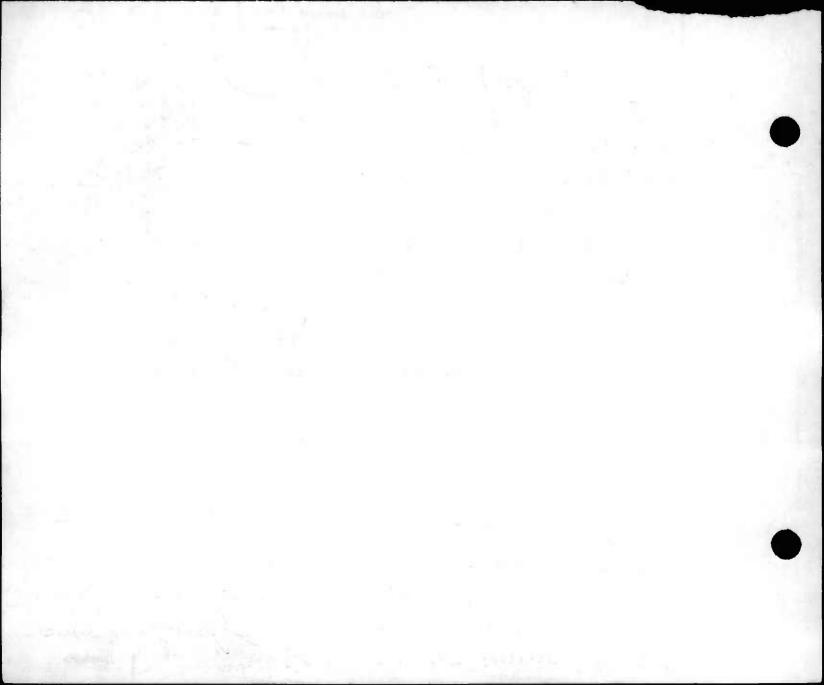
ŀ	- STATE REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.	
Ī	DECEASED NAME PIRST	annet F C	ORCORAN	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 7 560
3	SEX	PACE S. DATE	OF BIRTH	6, AGE (IN YEARS LAST BIRTHDAY)	# UNDER LYEAR # UNDER 24 HRS
ľ	BIRTHPLACE (STATE OR FOREIGN 76		IED B NEVER MARRIED D	9 BALTIMORE CITY OR COUNT	2
	ANNA POLLS	NAME OF HOSPITAL, NURSING HOME (IS NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126 KIND OF BUSINESS OR INDUSTRY
	JSUAL RESIDENCE (IF NURSING HOME OR OF 136. STATE 136. COUNT)	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Y 13/ CITY OR TOWN		13e STREET ADDRESS / ZIP COD	Beacon Hill
1	4. FATHER'S NAME FIRST M LCC	al Plasi	15 MOTHER'S MAIDEN NAM	A Ann I	lannagan
	60 WAS DECEASED EVER IN U.S. ARMI (YES, NO ONUNKNOWN) (IF YES, GIVE V		17 INFORMANT	Reads.	0
	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE		enners a	nest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DIDITIONS CONTRIBUTING TO DEATH BUT	MSDIRATO OSSMULLU JI NOT RELATED TO THE TERMI	Mulymy on Nat DISEASE OR CONDITION GI	LOSCOJ Q VEN IN PART I IG
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\cap \) NO \(\cap \)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19	R	ED (ENTER NATI DE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) this hospita saw the decease dive on abave (1) (ve) (did) did nat)			eath accurred an the date and ho	19 that I (we) last ur and Iram the causes stated
	27th SIGNATURE	Saman	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/30/PY
	genge !	SAMAROS	DO 5 R	lidgely a	ur Daw. mi
1	THE BURIAL CHEMATICA, REMOVAL	236. DATE 236. NAME OF 236. NAME OF 236. NAME OF	CEMETERY OR CREMATORY	John John Lines	ill Digot

DHMH - 16 50M 4/83

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etained by the hospital or attending physician.

(VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

etoined by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1	-	FOR STATE REGIS
D	EC	EASED

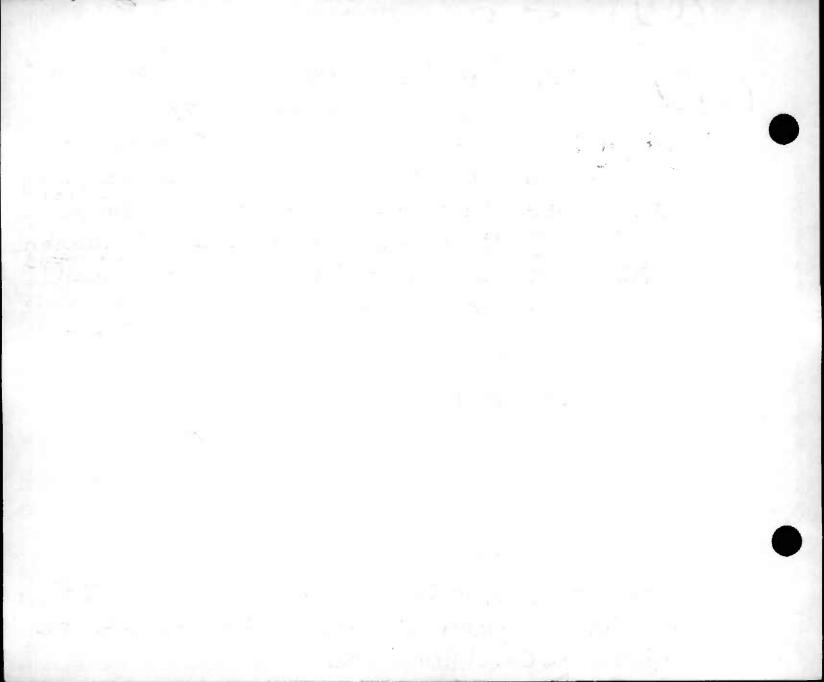
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE

<i>p</i>	Ü	i	7	Ú

X	-	- STATE REGISTRAR	25.71	CERTIFICATE	OF DEATH	REG. N	0.	
		CEASED NAME FRST	sed Phills	is Cost	en	2a DATE OF DEATH	8 20 84	1125 A
)	3 SE	Female	White	5. DATE OF BIRTH	2 04	6 AGE (IN YEARS LAST BIR	9 YRS. FUNDER I YEA	
13	7a. B)	RTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	(? 8. MARRIED □ N WIDOWED □	EVER MARRIED DIVORCED	Anne as	undel O	unty MD.
33	B	nnapolis	and asund	d In.	NOSP	12a USUAL OCCUPATI (1yat OF WORK FOR MOST C	OF WORKING LIFE) INDUSTR	retary
35	130. 5	STATE 136. COUR	0 10	00/15 YES [NO	13e STREET ADDRESS	Lnds Dri	1401 J
ol examin	E	ATHER'S NAME PIRS PORT OF THE PIRSON VAS DECEASED EVER IN U.S. AR	MIDDLE THE PLAST	lips Fl	THER'S MAIDEN NAMERINGS FIRST OTEN CE ORMANT	MIDDLE ZO	beth Vo	rughn
the medic		YES, NO DR LINKNOWN) (IF YES, GI	VE WAR OR DATES) 229-16-	49244	Nildred	Elizabi	eth Bany	vell
ic event, 1		PART I. DE ATH WAS CAUSE	TE CAUSE 10) (MANIC	Ronal	Failure		7 Seran	NONSET AND DEATH
or other troumot		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	Cen	200	~1	-	
injury,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RE	LATED TO THE TERM	nal disease or con	DITION GIVEN IN PART	l(a)
hows ony	CERTIFICATION	19a DATE OF OPERATION	19% CONDITION FOR WHIC	H OPERATION WAS I	PERFORMED	280 AUTOPŠÝ?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
morked or Item 18 shows	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETIFIER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH P.M.	DAY YEAR	DW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC)	CATION	CITY OR TO		STATE
21 is		sow the deceased alive on above, (1) (we) (dud) (did no	ital) ottended the deceased from 19	ond that it	(my) (our) opinion of	, to	ote and hour and from th	
Z -		22b. SIGNATURE	hu	DEGREE		MEDICAL STA	FF	TE SIGNED
IMPORTANT: If Item		Bobert F	Biern, M.D	51	trank	lin St.	Annapolis	140)
_	P	BURIAL, CREMATION, REMOVAL SPECIFY) JUNERAL DIRECTOR	Pug 23, PS4 236	St. Ann	2'3	23d LOCATION CITY OF TOWN POOD	S A.A.	M D
V83	Ta	yor Tuneral	Chapel-Ann	apolis, M	D AJG 2	3 1984		delle

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requires that the death certificate be executed within 24 hours after death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN. The law etoined by the hospital or attending physicion. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely finer tining should be detached for use as the burial-transit permit. Then please remave carbomopeers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar ather traumatic event, The

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STATE OF MARYLAND	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

/	1-	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HY	GIENE REG. NO.	EDT
6		CEASED NAME FIRST RUTH	Carmelita	COX	AST	20 DATE OF DEATH MONTH	1984 1810 PM
	3. SEX	(4. RACE	5. DATE C		& AGE (IN YEARS LAST BIRTHDAY)	# UNDER TYEAR # UNDER 24 HRS
1/	Fe	male	White	May	1, 1918	66 YRS.	MONTHS DAYS HOURS MIN.
b		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	RY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	ANNE ARUNDEL	
14		GLEN BURNIE	11. NAME OF HOSPITAL, NUF NOR THE ARUNDE			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Housewife	12b. KIND OF BUSINESS OR INDUSTRY Own Home
3	13a. S	AL RESIDENCE IF NURSING HOME OR STATE 136. COUNTY	e Other institution, give residence be NTY [13c, CITY OR T e Arundel Glent	OWN	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / ZIP CODE 1423 Tieman Dr	
20		THER'S NAME FIRST	MIDDLE LAST	vder	15 MOTHER'S MAIDEN NA		LAST
1	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	1	17 INFORMANT	ADDRESS	
		No /	ZE WAR OR DATES) 220/28		John G. Cox	k, Sr. (Husband)	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (o), (b) ED BY: TE CAUSE (o)	ond ich	Failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	No	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSE DUE TO, OR AS A CONSE CONDITIONS CONTRIBUTING	Cardia DUENCE OF Later	lung Cono	MIN AL DISEASE OR CONDITION GIV	7 days 2 yrs.
1	CERTIFICATION	190 DATE OF OPERATION $ \begin{cases} -2 & 5 - 8 & 7 \end{cases} $	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES NO FEET IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	71c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFF	ICE FARM, ETC.)	ZIF LOCATION STREET	CITY OR TOWN	COUNTY STATE
			ital) attended the deceased from	()(//	nd that in (my) (our) opinion	to 8 - 29, a death occurred on the date and hou	19, that (I) (we) last and from the causes stated
		27b. SIGNATURE	2 Styn		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-30-8 9
1		LONG S. HSU	M.D.		GLEN BUI	RNIE, MARYIAND 2	1061
1		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	COUNTY STATE
		Burial	Sept.1,1984	Meadow	ridge Mem.P		Howard Md.
3		ngleton Funeral	Home Glen B	urnie.	0.5	P 4 1984	ran's signature

DHMH - 16 50M 4/83 (VRA 15, 4)

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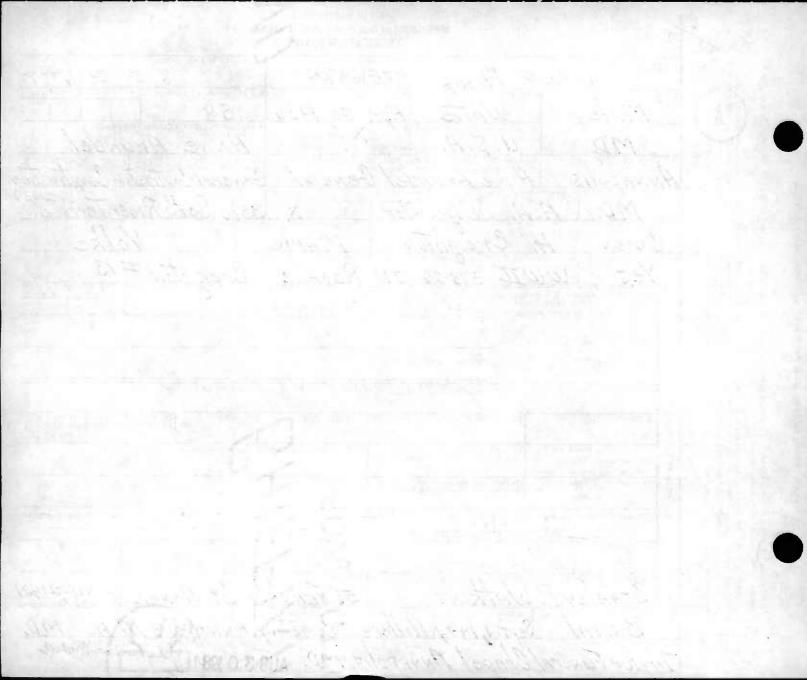
E The Mark mother held being commen Asserted the grant of the state of The state of the state of the state of the state of CE OC TOTAL there more vacrous comments

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH

1-	REGISTRAR			REG. N	
	ECEASED NAME FIRST PE OR PRINT) EUGE	UF Ph.//	CREIGHTON	20 DATE OF DEATH	8 29 84 1/40
3. SI		1. RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIR	
	Male	White	ADY. 30. 1926	58	MONTHS DATS HOURS
7a. F	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
2	MP.	U.S.H.	WIDOWED DIVORCED	HNNE	Hrunde/
1	NNA DOLLS	PHOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION SET ADDRESS! TO PROPERTY.	PE OF WORK FOR MOST	WORKING LIFE INDUSTRY
13a.	JAL RESIDENCE (IF NURSING HOME OR STATE 13b. COUL			13. STREET ADDRESS	the Ruse Tours
11.1	ATHER'S NAME FIRST	MODIE PHONORY	15 MOTHER'S MAIDEN NA	WIDDLE	1/2 / hast
1 160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDR	VOIKE
160	[4E 1 OR UNKNOWN] [1E YES. GIV	UIL 578-26	-4391 ROSA/1e	Creigh	TON # 13
		ly one couse per line for (a), (b),		0	APPROXIMATE INTERV BETWEEN ONSET AND D
	PART I. DEATH WAS CAUSE	E CAUSE (0) CANCI	EN PANCRIZAS		
9	IMMEDIA				
	Conditions, if ony, which	DUE TO, OR AS A CONSEC	DUENCE OF		
	gove rise to immediate	(b)			
	cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF		
		(c)			
No.	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(p)
SE	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
THE				YES NO	IN CERTIFYING CAUSES OF DEATH
E S	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 21
	OR CONTRIBUTING CAUSE OF DEA	IN	19		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		COUNTY
×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC) STREET	CITY OR TO	WN COUNTY STA
		tal) attended the deceased from	1582 19	to 8/24/8	7 , 19 , that (1) (w
	saw the deceased alive on	8/4/89		death occurred on the d	ate and hour and from the causes sta
	22b. SIGNATURE	t) view the body after death.	DEGREE		22c. DATE SIGNED
	ILD Olins	y and and	ATTENDING	MEDICAL STA	FF 8/30/27
-	22d PHYSICIAN'S NAME (TYPE O	m w -	PHYSICIAN A	DIRECTOR PHYSIC	IAN
1	StanleyF	WATKINS	51 Frank	IN St. A.	VNAPOLIS, MD, 21
230.	BURIAL CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	// remain a
	BULIA	Dept. 1, 1984	41//crest Cemeler	WHNNAR	0/18 A.A. M
24	FUNERAL DIRECTOR	121	25a DA	E REC'D. BY REGISTRAR	250 REGISTRAP'S SIGNATURE
82	To the to the	//hana/ Th	MADALIE MID ALL	10 7 A 400 A	Gula Davidson Varkado



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE CERTIFICATE OF DEATH

REG. NO.

1 00	CEACED MANE	MIDDLE 1	AST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
	CEASED NAME MERST	-1 1 1 V	mmings	Aug	21 1984 M
3. SE	* Female	White Fell	DAY 1907	6. AGE (IN YEARS LAST BIRTHDAY) 77 YR:	F UNDER I YEAR IF UNDER 24 HRS MONTHS DATS HOURS M.M.
	IRTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? & MARRIEI WIDOWE	NEVER MARRIED D	BALTIMORE CITY OR COUN	we Me.
D Cottline	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SIGH FACILITY, GIVE STREET ADDRESS)	111 - 111	120. USUAL OCCUPATION (TWO OF WORK FOR MOST OF WORKIN	G LIFE 126 KIND OF BUSINESS OR INDUSTRY
13e.	AL RESIDENCE (IF NURSING HOME OR O STATE 136, COUNT	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	YES NO	130.STREET ADDRESS / ZIP CO	Creek Road
1000	Illiam Eco	est Hardesty	15. MOTHER'S MAIDEN NAM	WIDDLE	ansbury
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE Y	ed forces? 166 social security No. war or dates) 220-48-911	Lawrence V	Leitch Haru	0000 h U 20176
ther troumatic event, th	PART I. DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.		Robstructure	lung dirisa	APPROXIMATE INITEVAL BETWEEN ONSET AND DEATH
ury, ar oth		ONDITIONS CONTRIBUTING TO SEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART ITO
CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
- //	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?)
orked or Hem	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is mo	saw the deceased alive on above, (I) (we) (did) (did not)	view the body ofter deoth.		, to	hour and from the couses stated
T. Fe	22b. SIGNATURE		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	\$/22/84
IMPORTANT:	Barbara T	Furlow MD	111 West	St. Annapo	175, ma 21401
230.	BURIAL, CREMATION, REMOVAL	0 22166110 1	emetery or crematory	Davidsmyll	STATE STATE

Mark March 2 March 18 March 20 ELER ALPROPRIES AND PROPERTY AND THE REPORTS Set a side I dell's il superior l'agenci L'agenc TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

retained by the hospital or attending physician.

DHMH-16 30M 2/B0 (VRA 15, 4)

1		CEASED NAME OR PRINT)	FIRST	MIDDLE		LAST	20. DATE OF DEATH			25 HOUR
,	3 SE		Natash	CLIN		avenport	6 AGE (IN YEARS LAST B	lug 21	1984	8:0
*	1	Female		RACE Black	Feb	E OF BIRTH NTH DAY YEAR 7 1983	18 Month	MOI	NIHS DAYS	HOURS !
19		RTHPLACE STATE OR COUNTRY)	FOREIGN	U.S.A.	UNTRY? 8 MARI	RIED NEVER MARRIED X	9 BALTIMORE CITY	OR COUNTY O		
2/		t. Meade,		11. NAME OF HOSPITAL, AF NOT IN SUCH FACILITY, GI KIMBROUGH AI	NURSING HOM IVE STREET ADDRESS CMY COMM	e or other institution . Hospital	12a. USUAL OCCUPAT		12b. KIND C INDUSTRY	F BUSINES
35	. 1,3a. S	al residence (if Nur State Cyland	136 COUN	TY Arunde I F	PRIORE ADMISSION MEADE	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 8040B Er	igle Cou	20 rt, F	75 t.Mea
2)	14. FA	ATHER'S NAME FIRST	۸	NIDDLE L	IAST	15. MOTHER'S MAIDEN NA			LAS	ī
/		VAS DECEASED EVER YES, NO OR UNKNOWN)		AED FORCES? 16b. SOCI.	AL SECURITY NO	Father/Thom	ADDR Las Davenpor		Tu s	
		Conditions, if any gave rise to im cause (a), stati	r, which mediate ng the	DUE TO, OR AS A CO	nseouence of		Known			
and who ye of the modifications even	FICATION	Conditions, if ony gove rise to im couse (a), stati underlying couse	IMMEDIATI	DUE TO, OR AS A CO	NSEQUENCE OF			NDITION GIVEN 20b. IF YES, V	VERE FINDIN	IGS USED
A stores on whom the store of t	AL CERTIFICATION	Conditions, if ony gove rise to im couse [0], stotiunderlying couse PART 2 OTHER SIG	IMMEDIATI	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) ONDITIONS CONTRIBUTE 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON	NSEQUENCE OF NSEQUENCE OF NG TO DEATH B WHICH OPERAT	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c. HOW INJURY OCCUR	MINAL DISEASE OR CON 20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [WERE FINDING CAUSES	IGS USED
/	MEDICAL CERTIFICATION	Conditions, if ony gove rise to im couse [0], stoti underlying couse PART 2 OTHER SIG	IMMEDIATI	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) ONDITIONS CONTRIBUTE 19b. CONDITION FOR	NSEQUENCE OF NG TO DEATH B WHICH OPERAT TH DAY YEA	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c. HOW INJURY OCCUR	MINAL DISEASE OR CON 20a AUTOPSY? YES NO	ZÖB. IF YES, V IN CERTIFYIN YES [URY IN ITEM 18, PART	WERE FINDING CAUSES	IGS USED OF DEATH
/	CAL	Conditions, if ony gove rise to im couse jo), storiu underlying couse PART 2 OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOT WAT WORK AT WORK 220.1 certify that (1) saw the decase obowa (1) (we) (IMMEDIATI	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) ONDITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY H HOUR A.M. MON P.M. 21e. PLACE OF INJURY	NSEQUENCE OF NGTO DEATH B WHICH OPERAT TH DAY YEA 19 OFFICE, FARM, ETC.)	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c. HOW INJURY OCCUR 21l LOCATION STREET 19 ond that indimy (our) opinion	20a AUTOPSY? YES NO CITY OR TO	20b. IF YES, V IN CERTIFYIN YES [URY IN ITEM 18, PART	WERE FINDING CAUSES I TOR PART 2) COUNTY	NGS USED OF DEATH NO STA
/	CAL	Conditions, if ony gove rise to im couse [0], stotiunderlying couse PART 2 OTHER SIG PART 2 OTHER SIG CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE AT WORK AT WORK AT WORK ODDWA (I) (WE) (1715 SIGNATURE)	IMMEDIATI which mediote ng the e tost. NIFICANT C ATION CAUSE OF DEA' KCAL EXAMINER) RED NIK Other bospit did) (did not) AME (TYPE OR	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) ONDITIONS CONTRIBUTE 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY) ONLY ON THE PLACE OF INJURY (AT HOME, STREET, FACTORY) ONLY ON THE PLACE OF INJURY (AT HOME, STREET, FACTORY) ONLY ON THE PLACE OF INJURY (AT HOME, STREET, FACTORY) ONLY ON THE PLACE OF INJURY (AT HOME, STREET, FACTORY)	NSEQUENCE OF NSEQUENCE OF NG TO DEATH B WHICH OPERAT TH DAY YEA 19 OFFICE, FARM, ETC.) I from 19 Un dellared of the control of the c	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET	ZOG AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the company of the	20b. IF YES, VIN CERTIFYIN YES LURY IN ITEM 18 PART	COUNTY COUNTY 276. DATE 21 AU	NGS USED OF DEATH NO STA

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Commission of the Commission		phase car a secretar

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man and the contract of the state of the state of

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

Page 4 may be

STATE OF MARYLAND

K		FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYC ICATE OF DEATH	SIÈNE " REG. N	10.		
	DEC TYPE C	EASED NAME FIRST ME PRINTS	n Leslie	T	ast Navis	20 DATE OF DEATH	25 - Hi	YEAR 26 HOUR 170.	15
	SEX	rale.	White	5. DATE O	P8. 1908	6. AGE (IN YEARS LAST BH	THDAY] IF UNDE		A HR
within 72 hour		THPLACE (STATE OR FOREIGN UNTRY)	7 CITIZEN OF WHAT COUNTR	MARRIE WIDOWE	NEVER MARRIED DIVORCED	Anne	Arur	ide.	,
	A	nnapolis	11. NAME OF HOSPITAL, NURS	ET ADDRESS]	scent Center	Steel + no	OF WORKING LIFE) IND	VIJ Servi	9-
miner m	30 S	ND A	OTHER INSTITUTION, GIVE RESIDENCE BEF	NWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	Apt 51-	21403 Drive	3
ind 2 s		John 1	E. Dav	1'5	15. MOTHER'S MAIDEN NA	WIDDLE	7	Dorga	Υ
Pages t, the r		AS DECEASED EVER IN U.S. AR IS, NO OR UNKNOWN] (IF YES, GME	MED FORCES? WAR OR DATES) 166 SOCIAL SE	-Lo YoyA	Joan Fina	nces Davi	s San	ne as V 出る	
removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	ly one couse per line for (p) by D BY E CAUSE (o)	ma	tary um	Miciey.		APPROXIMATE INTERV ETWEEN ONSET AND D	2EA
emation, or other traum		Conditions, if any, which	DUE TO, OR AS A CONSECUTION	lior	on Cell co	neuvin l	ung		
0 0		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC						
nit. Then please prior to burial ws any injury,	TION	Semil	CONDITIONS CONTRIBUTING T	-	HODIN	1, A	131		
Hygiene pri	TIFIC	DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO		YES NO	IN CERTIFYING (FINDINGS USED AUSES OF DEATH	H?
ital	3	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OR	PART 2)	
th and marke		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	da	211 LOCATION STREET	CITY OR TO	Le cou	NTY STA	ATE
for use at t. of Heal em 21 is		220.1 certify that () this saw the deceased alive an above (i) and (did).	attended the Becaused from	, o	nd that in m) (aux) opinion	death occurred on the		1	itec
State Dept. of		TASIGNATURE OF	· Da Pent	ham	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF _ (08/2	M
should be detaction the State IMPORTANT:		MICHAE C	Jila Pen	MAN	103 G1		TVE ANA	MAPOLIS MO	d
	6	URIAL, CREMATION, REMOVAL DECIFY)	1236. DATE 29, 1984	C NAME OF C	EMETERY OR CREMATORY	A DOG DO	IS A	a mil	IE S
4-16 25M 15, 4) 1/79	a	NERAL DIRECTOR	Chapel-And	a poli	5 MD 250. DA	TE REC'D. BY REGISTRAL		dson-Acada	18

There was a state of the state a product of the principle of the transfer to the second of the principle of the second of the secon Celular Little Committee of the Committe grand of the control The state of the s TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be fired with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6-40	1

1		REGISTRAR			CERTIF	CATE OF DEATH		REG. NO.			
		CEASED NAME FIRST FOR PRINT) Will:		NIDDLE	L/	Denner	20 DATE OF E	DEATH MON	29	YEAR 84	26 HOUR 2:30PM
	3. SE	X	4. RACE	*****	5. DATE O	F BIRTH	6 AGE (IN YEA	RS LAST BIRTHDA		INDER TYEAR	IF UNDER 24 HRS
		Male	Whi	te	MONTH 6	13 YEAR 21		63	YRS.	IHS DAYS	HOURS M.IN.
2/		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMOR			DEATH	
\mathcal{D}		aryland	U.S	5.A.	WIDOWE		A	nne Ar	undel		MD
D		ity or town of death Pasadena		OSPITAL, NURSIN		ROTHER INSTITUTION	126 USUAL OF Carper	OR MOST OF WO		IZE KIND C INDUSTRY U.S.	Guard Coast
8		AL RESIDENCE (IF NURSING HOME OF STATE 13b COUP Md A.	1TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Pasader	N I	13d. INSIDE CITY LIMITS? YES NO 🔼	13. STREET AL	DDRESS / ZII	code load	21122	2
Cagnin	14. FA	ATHER'S NAME Albert	MIDDLE	Denner		is mother's maiden na J ulia		MIDDLE		Hedr	ick
medica	160 V	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (15 YES GIV WW	MED FORCES? (E WAR OR DATES)	220-07-3		Charles E. I		asaden 1014 E			
otic event, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	D BY: TE CAUSE (a)	ling for (a), (b), on AS A CONSEQUE	mia	of the t	proar	<i>t</i>		7	MATE INTERVAL ONSET AND DEATH
njury, or orner traum		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	(b)	R AS A CONSEQUE							
nlary, o	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II								IN PART 1	0
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOP				NGS USED OF DEATH?
9		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.A	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTERNATI	IRE OF INJURY IN	ITEM 18 PART	OR PART ?)	
rked or II	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C				B	CITY OR TOWN		COUNTY	STATE
Z1 is mo		27a I certify that (I) (the hospited) attended the deceased from 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10								od from the	that (I) (we) last couses stated
MPOKIANI: Hem Z		226. SIGNATURE	Laugh	///	ים, ד	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF] PHYSICIAN		8/3	SIGNED
A POK		220. PHYSICIAN'S NAME TYPE OF	ghlin			3708 Monus	tani K	21. 0	Pasa	dena	nd.
<		BURIAL, CREMATION, REMOVAL (SPECIFY)	9/1/84			EMETERY OR CREMATORY [ill Cemetery	23d LOCAT		9	PUNIA.	^s 'Md

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
George J. Gonce

4001 Ritchie Hgwy

Balto

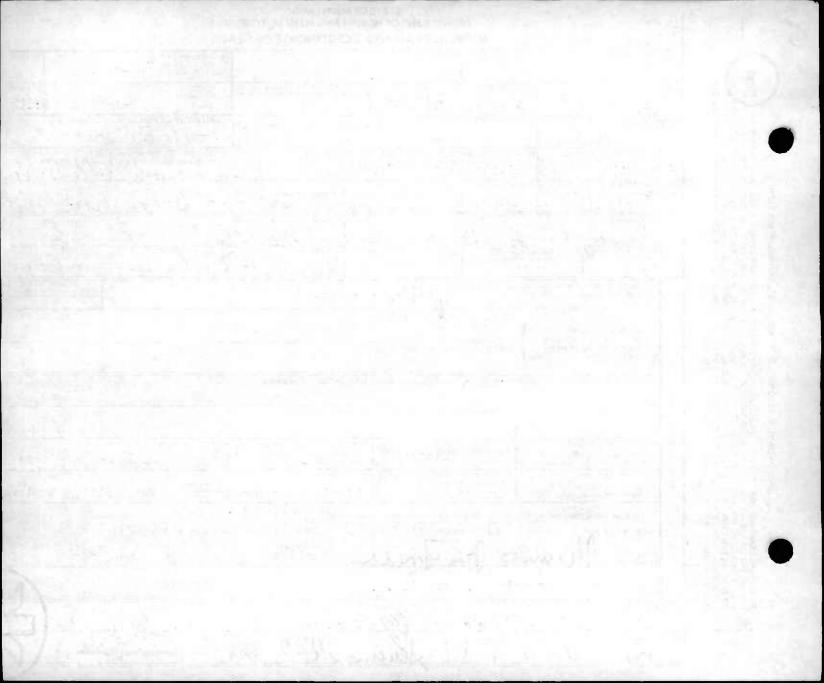
AUG 3 BY REGISTRAR 231 REGISTRAR SIGNATURE AND CONTROL OF THE PROPERTY OF THE PROPER

A STATE OF THE STA

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELY IS INCRESSARY PRESENTED THE CRRIFICATE, WRITING THE WORD." PENDING". IN PENCIL IN ITEM 18. GIVE PAGES 19, 2, AND 3 TO THE FUNE DEFICITED FROM THE STATE OF THE PAGES 19. OF YOUR PROPERTY OF THE PAGES 19. OF YOUR PROPERTY OF THE PAGES 19. OF YOUR PROPERTY OF THE PAGES 19. OF YOUR PENDING STREET OF THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WAYA. PECCHES 2011 PRESTON STREET. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

> DHMH - 17 (VR A15 ME | 20M 4/82

	FOR STATE		STA DEPARTMENT OF	ATE OF MARYLAI HEALTH AND M		E 2 0	5 9	1	
	REGISTRAR		MEDICAL EXAMIN	NER'S CERTIFI	CATE OF DEA	ATH REG.	NO.	No. of Control	
	CEASED NAME PE OR PRINT)	MARK.	Riddle	DICKERSON		20. DATE KNOWN OF ESTI- DEATH MATED			HOU
3 SEX		5. DATE OF E	BIRTH DAY YEAR LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS.	PRONOUNCED DEAD	8-1-8		ноі 301
FO	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN	OF WHAT COUNTRY?	8. MARRIED NE	EVER MARRIED DIVORCED	Anne Aru			٨
An	ity or town of death napolis	Litt	OF HOSPITAL, NURSING HON SUCH FACILITY, GIVE STREET ADDRESS! Le Aberdeen C	reek		WAL OCCUPATION (1) MOST OF WORKING LIFE)	TYPE OF WORK 12b	KIND OF BUSINE OR INDUSTRY	SS
13e. S	mel 136	OUNTY A	TION GIVE RESIDENCE BEFORE ADMISS	PL 13d. INSIDE (CITY LIMITS? 13. STB	33 Dec	oust	ure E	2
	Stack NAME	e MIDDLE	Dieker	son -	Mart	MIDDLE	By	ooks	
160. W	WALDIE ASED EVEL IN NOWN) (IF	U.S. ARMED FÓRCES? EYES, GIVE WAR OR DATES)	? 16b. SOCIAL SECURI	ITY NO. 17. INFOR	uph A.	Decker	ser	- Bbv	7-
7	PART I DE ATH WAS	CAUSED BY: AMEDIATE CAUSE (a). DUE To which imediate (b).	O, OR AS A CONSEQUENCE					BETWEEN ONSET AND	DEA
IFICATION	PART 2 DTHER SIGNIFICANT CO		DEATH RUI NOT RELATED TO THE TER					ZD AUTOPSY? YES 😡 NO	0 [
MEDICAL CERT	210 EXTERNAL CAUSE UNDERLYING OR ONTRIBUTING CAUSTING CAU	USE OF DEATH 210 PI STRE RK C C	IME OF INJURY IR.A.M. MONTH DAY YEA MP.M. 8-1-84 19 LACE OF INJURY (AT HOME, EET, FACTORY, FARM, ETC.) TOOK Ins described above, held an Accident X, S	SUBJECT 21H LOCATION STREET Little	Struck in Aberdeen Melvin Rd Inspection Under	Creek	mechani	sm)pile driv is, Mary	v.
	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Outproof Margarita	A. Korell, M.	M.D. ASS	sistant_med	n Street	DATE 8	3-2-84	
(3)	UNERAL DIRECTOR	8 8/5/	SY Westle	Chape	6 7 198	REGISTRAR ISA RE	Hell Com Roma	O.A.	1



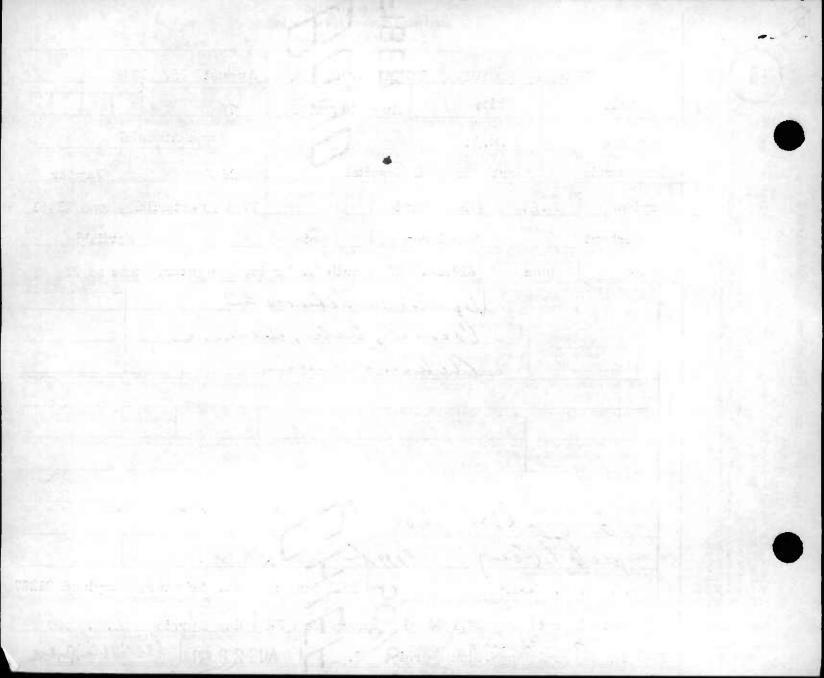
5	-	1,FilmG595 9/7 FOR STATE REGISTRAR		STATE OF MARYLAND IENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GJENE TO REG. NO	0598
		EASED NAME OF PRINTS	Margaret	DOHERTY 5. DATE OF BIRTH MONTH SAT 1003	20. DATE OF DEATH GAGE INVEARSTALER	MONTH DAY YEAR 76. HOUR 28 94 M THDAY) FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.
within 72 haur	T1	THPLACE ISLATE OFFICEN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED SUPPORCED SOME OR OTHER INSTITUTION PROFESS	9 BATTIMORE CITY OF THE PROPERTY OF THE PROPER	
Harrie Park		L RESIDENCE (IF NURSING HOME OF OTH I AT I I I I I I I I I I I I I I I I I	LE INSTITUTION, GYE RESIDENCE HET IN M. E. CITY OR TOWN	HOSOT.	13e.STREET ACCORESS	TE HOME
s. Page e medic		AS DECEASED EVER IN U.S. ARMEI	FORCES? 164/SOCIAL SECUL	RITYNO 17 NEORMANT DO	Heety ADDRI	#13
by the attending physici ass remove carbon pope bl, cremation, ar remavol. r other traumatic event, th		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	Υ:	NCE OF Premuous		approximate interval Between onset and death LWL 2-Wk
nos been signed permit. Then ples ne prior to burio ws ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT COM	Doconse	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY?	20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
this certificate he buriol-transit ind Mental Hygies ed or frem 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IN ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY JATHOME, STREET, FACTORY, OFFICE, FA	19 211 LOCATION		RY IN ITEM 18 PART I OR PART ?)
DIRECTOR: After ched for use as 1		220.1 certify that (I) (this haspital) sow the deerged alive on above, (I), we yidid) (did not) vi	928 0198	DEGREE	. MEDICAL STA	ote and hour and from the causes stated 22c. DAJE SIGNED
TO FUNERAL DI should be detack with the State De IMPORTANT: If it	23g_B	22d PHYSICIAN'S NAME I LYPE OF PR TUANT E URIAL, CREMATION, REMOVAL	Seloniek,1	PHYSICIAN 220 ADDRESS TO THE PHYSICIAN ADDRESS TAME OF CEMETERY OF CREMATORY	DIRECTOR PHYSIC	NUMPORE, MD, 2146 + 4 COUNTY RINGS STATED
P - 16 50M 4/83 /RA 15, 4)	14-10	NERAL DIRECTOR VLOR FUNERAL	CHAPELADDRESS A	/ //	THE REC'D BY REGISTRAN UG 3 0 1984	236 pegistrars signature Lina Davidson-Mandelle

R	664			1-	FOR STATE REGISTRAR	
1	. n	6			CEASED NAME OR PRINT)	FIRST
(B	6)		3. SE		COR
	a B	ecto in oth		3. SE	Male	
	deoth. Poge	erol direc	26	(RTHPLACE (STATE OR F COUNTRY) Sarvland	OREIGN
	er de	e fun	Pe J	10. C	ITY OR TOWN OF DEA	TH
10	rs of	by th	Po 4	Gl	en Burnie	
212	hou	d be	ans.	USU/ 13a S	AL RESIDENCE (IF NURSI	13b. CO
AND	in 24	y fille	30	THE REAL PROPERTY.	ryland	I
MARY	ed with	impletely filled in by the funeral and 2 should be filed within 72	0200	14 FA	Herbert	
ONE.	xecut	od co	dico/		VAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES
TIMO	pe e	S. Po	e e		No	N
IST., BAL	certificate	ng physici bonpoper removol.	c event, th		18. CAUSE OF DEATI PART I. DEATH W	AS CAI
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer in hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 18 shows ony injury, or other troumotic event, the medical experimer		Conditions, if ony, gove rise to imm couse (o), stotin underlying cause	rediote
RDS, 20	equires	Then ple	injury, o	NOI	PART 2. OTHER SIGN	I IF IC A
E RECO	e fow r	hos bee permit.	Suo sma	IFICAT	19a DATE OF OPERAT	ION
I OF VITA	VG PHYSICIAN: The	TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene	Item 18 sho	MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING (C	AUSE OF
VISION	G PHYS	er this the bu	is morked or	MEDI	21d. IN JURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE
۵	NO	t: Aft use of eoith	m s		22a.1 certify that (I)	
	NR ATTEN hospitol	for the	121		sow the decease obove (U) well a	id olivi
	OR o	DIRE	If hem 21		22b. SIGNATURE	1
		RAL	Z-		174 PHYSICIAN'S NA	ME IT
	TO HOSPITAL etoined by th	O FUNE	IMPORTANT:		Dr. John	C.
	Te	<u></u>	3		BURIAL, CREMATION,	REMO
	BP				Entomb	ome

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

1	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEAT	100	REG. N	. 0	٠,٠		
	DECEASED NAME FIRST	MIDDLE	LAST	20.	DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
1	GEORG	E MARVIN I	DONALDSON, SI	R	August	25.	1984	AA	
3.	SEX	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST B		IF UNDER LYEAR	IF UNDER 24 HRS	
	Male	White	Aug 31. 190	YEAR D.F.	78	VDS	MONTHS DAYS	HOURS MIN.	
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	/2 8	0.0	BALTIMORE CITY	YRS OR COUN			
3	Maryland		MARRIED W NEVER MARR	SIED 🗀			Arundel		
1 10	CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORG		USUAL OCCUPAT			MD. F BUSINESS OR	
4	Glen Burnie	North Arunde	ET ADDRESS?	- {TY	PE OF WORK FOR MOST		(INDUSTRY		
	ISUAL RESIDENCE (IF NURSING HOME O	<u> </u>			Self Emp			rmer	
. 1	3a STATE 13b. COU	NTY 13c. CITY OR TO	WN 13d. INSIDE CITY L		STREET ADDRESS			1 210/1	
	Maryland A	.A. Glen Bu	irnie YES NO		7704 Quan	rterii	ield Road	1 21061	
	FIRST	MIDDLE LAST	FIRST		WIDDLE		LAS		
4.	Herbert	Donalds		e	ADDF)Ecc	Warfiel	d	
116		VE WAR OR DATES)							
L	No No	one 219.16.	2017 Ruth L.	Merkle	, Daugh	ter,			
	18. CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), (b)		1		BETWEEN	MATE INTERVAL ONSET AND DEATH		
1		TE CAUSE (0)	celle Nete	ella	he				
		DUE TO, OR AS CONSEC	DUENCE OF	.117					
1	Conditions, il ony, which	(16) Loca	my Uch	, alle	neces				
	gove rise to immediate cause (a), stating the	DUE TO, OR AS ACONSEC	VIENCE OF						
	underlying cause lost.	() All	morre	- Co					
1		CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINA	L DISEASE OR COI	NDITION C	GIVEN IN PART 1	D	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [
1	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORME	D	20a AUTOPSY?	20b. IF Y	YES, WERE FINDIN	GS USED OF DEATH?	
			De Jahren		YES NO		YES 🗌	NO 🗌	
2	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY	YOCCURRED	ENTER NATURE OF INJ	URY IN ITEM T	8 PART I OR PART 2)		
1	OR CONTRIBUTING CAUSE OF DE	AIR	19						
	OR CONTRIBUTING [] CAUSE OF DE (# EITHER, NOTHY MEDICAL EXAMINE 21d. IN JURY OCCURRED	21e. PLACE OF INJURY	ZII. LOCATION		CITY OR I	OWN	COUNTY	STATE	
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM ETC)		CITOK	0411		Jine	
		oital) attended the deceased from	8/21	9 26	10 8/	205	19 8 9	that (I) (we) lost	
П		19 of view the body alter death.	84, and that in (my) (our) opinion deat	th occurred on the	dote and h	nour and Irom the	couses stated	
-1	22b. SIGNATURE	Makey the body differ deoth.	DEGREE				22c. DATE	SIGNED	
	put 1	Tees	m 1 ATTEN	NDING N	MEDICAL STA	AFF			
4	274 PHYSICIAN'S NAME THE	OR PRINT)	22e. ADDRESS	SICIAIN D	IKECTOK [] FITTS	ICIAN []			
	Dr. John C.	Healey	1311 Fr	ancis	Ave. Art	outus	. Marvla	and 21227	
2	30 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREA		23d. LOCATION		,		
1	(SPECIFY)				CITY OR TOWN		COUNTY	STATE	
7	Entombmen 4 FUNERAL DIRECTOR		Glen Haven Me	M PK	Glen Bu:		A.A.	MD	
- 1	NAME DI. N.	Appens Clan Pro				0	ia Davidson	-	
	Singleton Funera	1 Home Glen Ru		I ALIF	2 2 100/	1 quel	a Daydon	-Chandall	



and completely filled in by the lager, I and 2 should be filled wit

TO FUNERAL DIRECTOR, After this certificate hos been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corbanipapers, Pager with the State Dept. of Health and Mestal Hygiere prior to burial, cremation, as removal.

mjury, or other troumotic event. In

MPORTANT, If Item 21 is marked on Persula

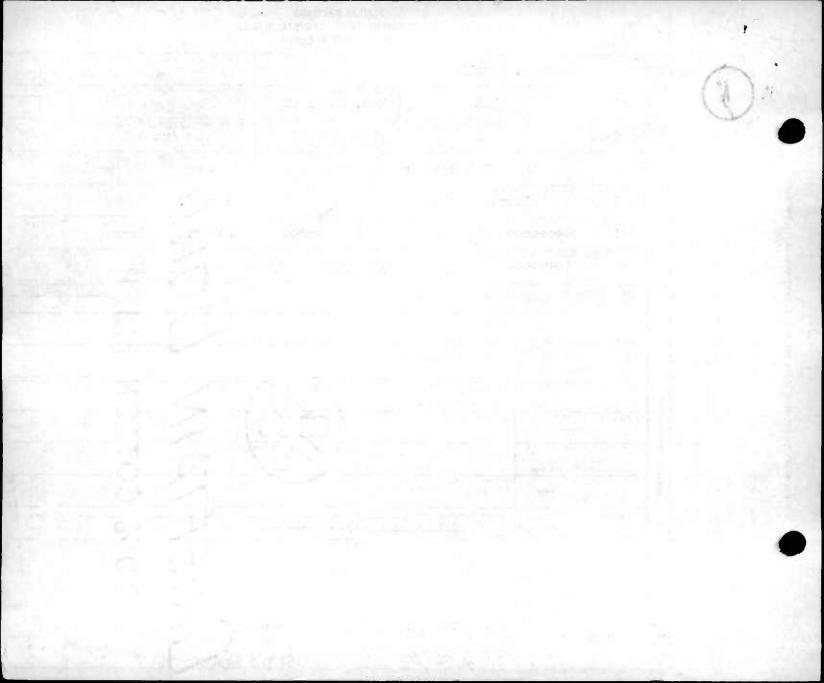
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR - STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY	GIENE 2.	0	0 0	0
	CEASED NAME E OR PRINT) Na	nnie l	E. Dowel	WIDDLE	ı	AST		MONTH S	DAY YEAR	26. HOUR
	Female		4. RACE White	9	S DATE O	DF BIRTH 1. 23DAY 1900F	6 AGE (IN YEARS LAST BIR	THDAY]	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
26. B	irthplace istate or fo Maryland	OREIGN	USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D		ALTIMORE CITY OF COUNTY OF DEATH Anne Arundel		
0	ITY OR TOWN OF DEA wings	/	(IF NOTES	retree wu	rsing	Home	120 USUAL OCCUPAT	ION DE WORKING LI	126. KIND O Wafth	PE BUSINESS OR
-	ALRESIDENCE (IF NURS Maryland	JEB COUN	other institution. Lvert	GIVE RESIDENCE BEFORE	ADMISSION) N	13d INSIDE CITY LIMITS?	13e STOOK APROESS		20	136
IA FA	John R +	Marri:	Cha	aney LAST		IS. MOTHER'S MAIDEN NA R世後十	Ruth Dolle H	arris	on IAS	ST.
160 V	WAS DECEASED EVER		MED FORCES?	213 14		Thelma Floy	rd same as			
	18 CAUSE OF DEAT PART I. DEATH W		y ane cause per) BY: E CAUSE (o)	line for (a), (b), and	d (c).)	piratory Fails			BETWEEN O	MATE INTERVAL ONSET AND DEATH
NOI	Conditions, if any, gove rise to improve (a), statin underlying cause PART 2. OTHER SIGN Screen	mediate ng the lost.	ONDITIONS CO	CELEBRO LU RAS A CONSEQUE DITRIBUTING TO E O STEO O	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIV	VEN IN PART 110	01
CERTIFICATION	19a DATE OF OPERA	-	721-			ON WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA				
MEDICAL CE	21g ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	CAUSE OF DEA		FINJURY AGONOMY. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART I OR PART 2)	
WED	21d. INJURY OCCUR! WHILE NOT WI AT WORK AT WO		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	MN	COUNTY	STATE
	270.1 certify that (1) saw the decease above, (1) (we) (6 270. SIGNATURE William 27d. PHYSICIAN'S NA William	ed alive and did) (did nat	ALLOST	9 19	84. or	nd that in (my) (oor) opinion DEGREE	MEDICAL STA. DIRECTOR PHYSIC	FF CIAN C		SIGNED
23a F	BURIAL, CREMATION,	REMOVAL	73h DAJE	94 Si	19	EMETERY OR CREMATORY MISS FORM	23d LOCATION COPRIONN	rh C	al 1	mich.
27	NAME OF THE PART OF	ech	Bruin	A) ORE SS/	id.		TE REC'D. BY REGISTRAR	Duris		W

DHMH-16 60M 1 73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN. The law med by the hospital or attending physicia



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the f should be detached for use as the burial-transit permit. Then please remove carbonopeers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiane prior to burial, cremation, or removal.

WPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

deoth. Page 4 may be

FOR

DEPARTM

STATE OF MARYLAND	63	0	13	1.3
ENT OF HEALTH AND MENTAL HYGIENE	6.00	0	~	-04
CERTIFICATE OF DEATH				

REGISTRAR				CERTIFI	CATE OF DEATH	REG.	NO.		
1. DECEASED NAME	FIRST		MIDDLE	Ł/	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TIPE OR PRINT)	NILLII	AM '	w, w	Down	US JR.		8 /	4 84	750
3. SEX NALE		1. RACE BLA	CK	5. DATE O		6. AGE (IN YEARS LAST		IF UNDER TYEAR	# UNDER 24 HRS HOURS MIN.
MARYLAND	FOREIGN		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	CTY MI
O. CITY OR TOWN OF DE			HOSPITAL, NURSIN HEACHITY, GIVE STREET TOLL Driv	IG HOME O	R OTHER INSTITUTION	128 USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
USUAL RESIDENCE (IF NUE 130. STATE MARYLAND	136 COU	NTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW ANNAPOL	N I	134. INSIDE CITY LIMITS?	130. STREET ADDRESS	l Driv	e 21	401
FATHER'S NAME WILLIA	M	MIDDLE	downs		15. MOTHER'S MAIDEN I			TURNÉ	R
(YES, NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES!	219-40-		JOYCE L. D	OWNS 1922 FO	apolis rest D	r.Md. 2	21401
18 CAUSE OF DEA PART I. DEATH V	WAS CAUSI	nly one couse per ED BY: TE CAUSE (a)	line for (a), (b), and		SEIZURE	DISORDER		BETWEEN	MATE INTERVAL ONSET AND DEATH
	INIFICANT N	ENTALL	Y RET	TARDE	EP .	RMINAL DISEASE OR CO			
190. DATE OF OPERA	ATION	196. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO		, WERE FIND II YING CAUSES	
OR COLUMNIA IN LOCAL	CAUSE OF DE	AID	FINJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM TO P.	ART 1 OR PART 2)	
(IF EITHER, NOTIFY MEE 21d. INJURY OCCUP WHILE NOT WAT WORK AT WORK	WHILE	21e. PLACE (AT HOME, STE	OF INJURY PEET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
		st) view the body		84	d that in (my) (our) opini	, to on death accurred on the			that (I) (we) lost couses stated
226. SIGNATURE	ouch	M. L	ng.		DEGREE W.D. ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN 🗌	22c DATE	14-84
22d PHYSICIAN'S N			enzo, M			DRAL ST. A	napol	is Ma	21401
230 BURIAL, CREMATION BURIAL		8-18-1	984 PI	INELAW	MEM . PARK	Annapol	is A		state
24 FUNERAL DIRECTOR WILLTAM REE	Anna SE &	polis, N SONS MOR	Id. 21401 TUARY P	.A.	25a. C	AUG 1 5 1982	R 256. REQUEST		

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

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Joseph Marine - Anna -				
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20M 4/B2

STATE OF MARYLAND

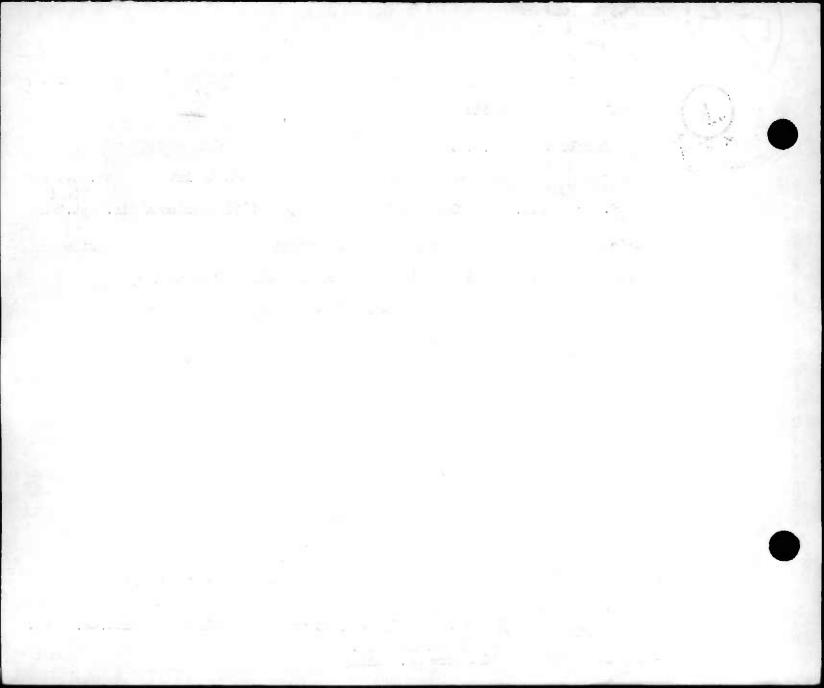
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	R ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after death. Page 4 in	hasp
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	TO HOSPITAL OF	37.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the functional bedetoched for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filed within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

	OR 8/28/8	Rh ri	6	DEDAD		OF MARYLAND	PENE	0 0 0	
- ST	TATE EGISTRAR	- I	a	DEPAK		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		ET
1. DECEA	ASED NAME	FIRST	A	AIDDLE	L	AST		MONTH DAY YEAR	2b. HOUR
(TYPE OR F		VILLIAN	vr 1	7	DUFFY		AUGUST	20, 1984	4.45
3. SEX			RACE	•	5. DAVE C	F BIRTH	6. AGE (IN YEAR AST BIRT		
	male		whit	te	MONTH 6		-87	YRS.	S HOURS A
7a. BIRTH	HPLACE STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY	Y? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	· -
	Mary.			5.A.	WIDOWE	D DIVORCED		RUNDEL COUN	
10 CITY	OR TOWN OF DEA	TH 11		OSPITAL, NURS		R OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 126 KIND EWORKING LIFE) INDUSTR	OF BUSINESS
G	LEN BURN	IE	NORTH	ARUNDE	L HOSP	ITAL	teletypts	t Fed.	Rsv. Bar
USUAL R 13a. STA	RESIDENCE IIF NURSI TE Md .	13b. COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFO 13c. CITY OR TO Glen B	ORE ADMISSION) OWN Burnie	13d. INSIDE CITY LIMITS?	7871 Ameri	ZIP CODE cana Cir. A	21061 pt.202
14. FATHI	IER'S NAME			11/2		15 MOTHER'S MAIDEN NA	ME		
Pa	trick	MIL	DDLE	Duff	v	Margaret	MIDDLE		inn .
	S DECEASED EVER			166 SOCIAL SEC	<u> </u>	17 INFORMANT	ADDRE		- 10-111
{YES, 1	yes	WWII	VAR OR DATES)	133 26	1678	Grace R. Duf	fy (same a	s 13E)	
	CAUSE OF DEATH		HALL OWNERS		1.04	//	2) (00.110 0.1	I With	DOWNET BUTTERAND DE
9	Conditions, if ony,	nediate	(b)	V	UENCE OF				
9 CC U	gave rise to imm cause (a), statin- underlying cause	nediate ig the last	DUE TO: OF	I AS A CONSEQ	NUENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CONE	DITION GIVEN IN PART	1/a
9 CC U	gave rise to imm cause (a), statin- underlying cause	nediate ig the last	DUE TO, OH	TAS A CONSEQ	O DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COND	20b. IF YES, WERE FIN	DINGS USED
9 0 0	gave rise to imm cause (a), statin underlying cause ART 2 OTHER SIGN	nediate ig the last	DUE TO, OH	TAS A CONSEQ	O DEATH BUT				DINGS USED
CERTIFICATION 13a 13a 13a 13a	gave rise to imm cause (a), statin underlying cause ART 2 OTHER SIGN	nediate g the lost NIFICANT CO	DUE TO OH	DATRIBUTING TO	O DEATH BUT		20a AUTOPSY? YES NO	206 IF YES, WERE FINI IN CERTIFYING CAUS YES [DINGS USED SES OF DEATH?
MEDICAL CERTIFICATION	gove rise to imm couse (a), stating couse (b), stating couse ART 2 OTHER SIGN a DATE OF OPERATION OF ACCIDENT WAS UNDER CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	INFICANT CO	DUE TO, OH ON DITIONS CC 19b CONDI 71b. TIME O HOUR A.I. 71c. PLACE (TION FOR WHICH	DAY YEAR	N WAS PERFORMED	20a AUTOPSY? YES NO	20% IF YES, WERE FININ CERTIFYING CAUS YES YES OR PART I OR PART 2	DINGS USED LES OF DEATH? NO
MEDICAL CERTIFICATION 10 10 10 10 10 10 10 10 10 10 10 10 10 1	GOVE FISE TO IMPRIORE SOLD TO THE SIGN OF	nediate ig the lost INFICANT CO TION DERLYING	DUE TO, OF TO THE TO TH	TION FOR WHICE	DAY YEAR 19 E, FARM EIC.)	N WAS PERFORMED 21c HOW INJURY OCCURS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	10h IF YES, WERE FININ CERTIFYING CAUS YES YES YIN ITEM 18 PART I OR PART I	DINGS USED LES OF DEATH? NO STAIL
MEDICAL CERTIFICATION 10 0 10 10 10 10 10 10 10 10 10 10 10 10	GOVE PISE TO IMPRIOUSE (10), STOTING COUSE (10), STOTING COUSE (10), STOTING COUSE (10), STOTING COUSE (10), STOTING COURT WAS UND DR CONTRIBUTING (10), STOTING COURT WELL (10), STOTING COURT WELD	nediate ig the lost NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospital red olive on	DUE TO. OH ONDITIONS CC 19b CONDI 21b. TIME O HOUR AJ P.J 21e. PLACE (AT HOME STR	DITRIBUTING TO	DAY YEAR 19 E. FARM EIC)	21¢ HOW INJURY OCCURE 214 LOCATION 5 (REE)	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FININ CERTIFYING CAUS YES VYIN ITEM 18 PART I OR PART 2 VIN COUNTY THE ORD HOLD TO THE OR	DINGS USED LES OF DEATH? NO
MEDICAL CERTIFICATION 100 100 100 100 100 100 100 1	GOVE TISE TO IMPRIOUSE (10), STOTIME COUSE (10), STOTIME COUSE ART 2 OTHER SIGN OF DATE OF OPERATION OF CONTRIBUTING CONTR	NIFICANT CO	196 CONDITIONS CONDITI	TION FOR WHICE FINJURY M. MONTH M. DF INJURY EET FACTORY, OFFICE e deceased from	DAY YEAR 19 E. FARM EIC)	216 HOW INJURY OCCURE 216 LOCATION STREET 216 d that in (my) (our) opinion of the complete o	ZOB AUTOPSY? YES NO CHIP NATURE OF INJUR CHIP OR TOV CHIP OR TOV ABOUT A CHIP OF TO TOWN CHIP OR TOWN CHIP O	TOD IF YES, WERE FINING CAUS YES VY IN ITEM 18 PART LOR PART 2 VY IN ITEM 18 PART LOR PART 2 VI IN ITEM 18 PART LOR PART 2 VI IN ITEM 18 PART LOR PART 2 VI IN ITEM 18 PART LOR PART 2 VI IN ITEM 18 PART LOR PART 2	DINGS USED LES OF DEATH? NO
MEDICAL CERTIFICATION MEDICAL CERTIFICATION 100 110 121 122 123	GOVE FISE TO IMPRICATE TO THE SIGN OF THE	DERLYING CALEXAMINER) TION DERLYING CALEXAMINER) THE CALEXAMINER THE C	196 CONDITIONS CONDITI	TION FOR WHICE FINJURY M. MONTH M. DF INJURY SET FACTORY, OFFICE e deceased from after depth.	DAY YEAR 19 E, FARM EIC)	21¢ HOW INJURY OCCURS 21f LOCATION STREET , 19 dd that in (my) (aur) opinian o	ZOB AUTOPSY? YES NO CHIP NATURE OF INJUR CHIP OR TOV CHIP OR TOV ABOUT A CHIP OF TO TOWN CHIP OR TOWN CHIP O	TOD IF YES, WERE FINING CAUS YES VY IN ITEM 18 PART LOR PART 2 VY IN ITEM 18 PART LOR PART 2 VI IN ITEM 18 PART LOR PART 2 VI IN ITEM 18 PART LOR PART 2 VI IN ITEM 18 PART LOR PART 2 VI IN ITEM 18 PART LOR PART 2	DINGS USED LES OF DEATH? NO STATE , that (I) (we) he couses stated



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Po

and completely filled in by the funeral

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TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physicion and co should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician.

TO HOSPITAL

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IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event, th

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

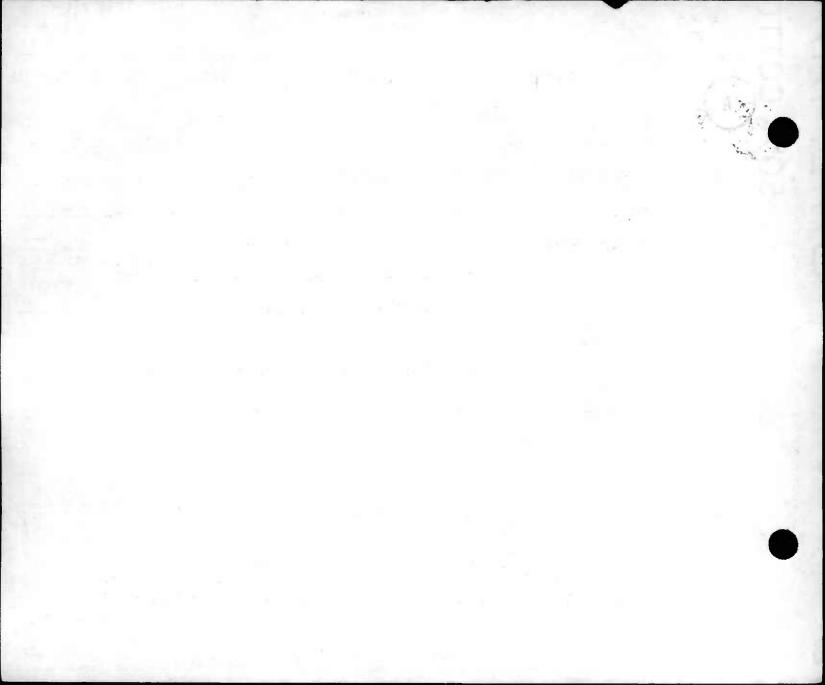
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REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		ET
I. DECEASED NAME FIRST	MIDD	HE L	AST		MONTH DAY YEAR	2h HOUR
(TYPE OR PRINT)	IDA .	EBERH	IARD	AUGUST	20, 1984	4 5.45 RA
3. SEX	4. RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTI	MONTHS DAY	
Female	White	Dec.	30,1905 YEAR	78	YRS.	TS HOURS MIN.
O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8.	□ NEVER MARRIED □	9 BALTIMORE CITY OF		
Maryland	USA	WIDOWE		ANNE A	RUNDEL COUR	NTY MD.
M. CITY OR TOWN OF DEATH		SPITAL, NURSING HOME C		12a USUAL OCCUPATIO		O OF BUSINESS OR
GLEN BURNIE	NORTH	ARUNDEL HOSE	ITAL	TYPE OF WORK FOR MOST OF		cerv
USUAL RESIDENCE (IF NURSING HOTHE	OF DIHER INSTITUTION, GIVE	E RESIDENCE BEFORE ADMISSION)		Manager		ery
Manual and		DAT+imone	YES TO NO TO	13e STREET ADDRESS /		01.01.7
Maryland		BAltimore	15 MOTHER'S MAIDEN NA	3202 Harv	tell Ave.	21213
FIRST	MIDDLE	LAST	FWST	MIDDLE		LAST
Charles Burl	PAGE CORCECT 141	SOCIAL SECURITY NO.	Amelia 17 INFORMANT	Wonder	S.	
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)		17 INFORMAINI		ie, Md. 21	.051
No		20-12=4839	George Burl	7947 Parky	rest Drive	
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per lim	for (o), (b) and (c).1	1000/		BETWEE	OXMATE INTERVAL EN ONSET AND DEATH
	ATE CAUSE (o)	wich In	oldey tick	2 MARS CA	ley	
	DUE TO, OR A	& A CONSEQUENCE OF	1 4	1		
Conditions, if ony, which	(6)	Perine	ghot De	ocas!		
gove rise to immediate) 10)		1	1 1		
couse (a), stating the underlying couse last	DUE TO, OR A	A CONSEQUENCE OF	11400	14 (m (m)	sall)	
DADI O OTHER CICALISICALIS	(c)	TO TO TO STATE OF THE STATE OF	BYCHYI	CA 00 (3)	THE STATE OF THE S	
PART 2 OTHER SIGNIFICAN	CONDITIONS CON	INBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	THON GIVEN IN PART	110
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	TIPL CONDITIO	ON FOR WHICH OPERATION	NI MAKAS DE DECIDANED	20a AUTOPSY?	20b. IF YES, WERE FINI	DINGSTISED
2 IN DATE OF OPERATION	198 CONDITIO	IN FOR WHICH OPERATIO	N WAS FERFORMED		IN CERTIFYING CAUS	SES OF DEATH?
ETE				YES NO	YES 🗌	NO 🗌
an an incommunical desires as a		MONTH DAY YEAR	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJUR	IN ITEM IB PART I OR PART 2	2)
(IE EITHER NOTIEY MEDICAL EXAMIN		19				
(IE EITHER NOTIEY MEDICAL EXAMINATION OCCURRED	21e PLACE OF	INJURY EACTORY, OFFICE, EARM, ETC.)	211 LOCATION STREET	CITY OR TOY	vn COUNTY	STATE
WHILE NOT WHILE	TAT HOME STREET	EACTORY, OFFICE, EARM ETC.)	01	0/- 1	01	
22a I certify that (I) (this has	pital) attended the d	eceased from 8	6/ 1904	10/1/20/	1909	, that (I) (we) last
sow the deceased alive	00 7120	19	id that in (my) (our) opinion	death occurred on the do	te and hour and from t	the couses stated
obove, (I) (we) (did) (did	not) view the body off		DEGREE		22c DA	ATE SIGNED
10000	Cornel	14.10	ATTENDING	A MEDICAL STAF	F	
22d PHYSICIAN'S NAME MYP	7	- MI, I	1	DIRECTOR PHYSICI		
ZZE PHTSICIANS NAME MYP	: ON PHINT]	,		25 HOSPITAL		104
DR RECEP	FROL, M. I	0		RNIE, MARYLA	ND. 21061	
23a. BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	A COUNTA	a Shart a
(SPECIF Burial	8/23/84	4 Cedar H	Hill Cemetery	Glen Bürn	ie Anne™Ar	undel Md.
24 FUNERAL DIRECTOR			25a DAT	E REC'D. BY REGISTRAR	15b. REGISTRAR'S SIGN	IATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Charles L. Stevens 1501 Fort AVE. Balto 21230

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
AUG 2 3 1984 Julia Davidson-Rome



within 24 hours ofter

certificate

the ottending

TO FUNERAL DIRECTOR. After this certificate has been signed by

OR ATTENDING PHYSICIAN:

by the hospital

HOSPITAL

mjury, or other traumotic event,

i the buriol-transit permit. Then please removand Mentol Hygiene prior to buriol, crematived or interest injury, or other transitions.

IMPORTANT: If them 21 is marked or should be detached for use as the with the State Dept. of Health and

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE

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		REG. NO.			

- STATE REGISTRAR		DEI ARTI	CERTIF	ICATE OF DEATH	REG.	NO.		FI)	T
I. DECEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	YEAR	2b. HOUR	
(TYPE OR PRINT)	STER		EICH	MAN	AUGUS	19	, 1984	110	A
3. SEX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST)		IF UNDER TYEAR	IF UNDER 74 F	
FEMALE	CAUCA	SIAN	FEB.	16 1893	91	YRS.	AONTHS DAYS	HOURS M	VIN.
BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY		OF DEATH		
MARYLAND	UNITED	STATES	WIDOWE	D NEVER MARRIED DIVORCED	ANNE	ARUNDE	L COUNT	TY	MD
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b. KIND O	F BUSINESS	_
GLEN BURNIE		H ARUNDE		PITAL	REFIRED	FOF WORKING LIFE		SERVIC	;E
SUAL RESIDENCE (IF NURSING HON 30. STATE 13b. CO	YTAUC	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	WILSO	N Ro.	21017	7
FATHER'S NAME	NE HRUNDEL	ARNOLE		15. MOTHER'S MAIDEN N		141050	N Np.	21017	-
PIRST .	MIDDLE	LAST	. 1	FIRST	MIDDLE		£AS	it	
SAMUEL WAS DECEASED EVER IN U.S	APAGE FORCESS	16b. SOCIAL SECU	-	17 INFORMANT	ADD	RESS OF	1 A / M/2	LSON E	5
	S. GIVE WAR OR DATES)		100 A	10	na o	85		COUNT	
NO		1217-14-16	697-14	CHARLES W	. INDXLEY, SR	. FIR	NOLD , I	MATE INTERVAL ONSET AND DEA	0
PART 2 OTHER SIGNIFICA	N) CONDITIONS <u>C</u>								
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES		
OR CONTROLLENCE CAUCE O	F DEATH HOUR A		AY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM TB P	ART I OR PART 2)		
THE CHITHER NOTIFY MEDICAL EXAM IN EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATI	E
saw the deceased alive obove, (1) (2) (4)	e on	5	8-5	nd that in (my) (aux) apinio	n death occurred on the			that (I) (a)	
226 SIGNATURE	14	W		DEGREE ATTENDING PHYSICIAN 72e ADDRESS	MEDICAL ST	AFF SICIAN (22¢ DATE		
IRA B. KA	/ //	0.		GLEN B	TRNIE, MARY	LAND 2	SUITE 1061	200	
BURIAL, CREMATION, REMO	Aug. 2	1, 1984 6	POAR	HILL CEMETE	23d LOCATION CITY OF TOWN	- Anne	ARUNDA	te colla	

DHMH - 16 50M 4/83 (VRA 15, 4)

PARRANCO TUNERAL HOME

Aug. 21, 1984 CEDAR HILL CEMETERY BAITIMOZE AND SEVERNA PARK, MD.

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STATE OF MARYLAND

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FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND CERTIFICATE OF I		(GIENE REG. 1		0 0	J
DECEASED NAME TYPE OR PRINT)	NICHOLAI	M.	ELIASEN	SR	20. DATE OF DEATH AUGUST	MONTH 7,	1984.	2b. 1
SEX	4 RA	CE	5. DATE OF BIRTH	WEAD	6. AGE (IN YEARS LAST 8	RTHDAY	IF UNDER 1 YEAR	R IF U

REGISTRAR			CERTIFIC	ATE OF D	EATH	REG. NO),		FILE
1. DECEASED NAME FIR	**	M.	ELIASEN		SR	20. DATE OF DEATH A	7,	1984.	26. HOUR 150 PM
3. SEX Male	4 RACE Whi	.te	S. DATE OF	8 IRTH 13	ĬÔŜ5	6. AGE (IN YEARS LAST BIRTH	_	UNDER 1 YEAR	IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREK NOTWAY		WHAT COUNTR	Y? 8. MARRIED WIDOWED	NEVER A	AARRIED	9 BALTIMORE CITY OF ANNE ARD		COUNTY	M
GLEN BURNIE		HOSPITAL, NUR			ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Painter		INDUSTRY	of Business of tenance
USUAL RESIDENCE (IF NURSING H 130. STATE 13b Md	OME OR OTHER INSTITUTION COUNTY A.A.	13t. CITY OR TO Baltimo	OWN 1	3d. INSIDE CI	ITY LIMITS?	303 Southe	ZIP CODE	rive 2	21225
14. FATHER'S NAME FIRST Unknown	WIDDIE	Elias			MAIDEN NA			บท่	known
(YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	132-07		7 INFORMA		Katyopres Liasen 20714			i

per line for (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
(areinom2/96,7	
3.3	
Len (s)	
OR AS A CONTROLLENCE OF	
OR AS A CONSEQUENCE OF	
	OR AS A CONSEQUENCE OF

ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100

19a DATE OF OPERATION	195. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn county st	
22a.1 certify that (1) (this haspital) saw the deceased alive an above, (1) (we) (did) (did not) v	attended the peceased from 19 on	d that in (my) (our) opinion of		, 19 6 , that (I) (w	
17h1SIGNATURE		DEGREE	1 X X 1 1 1 1 1 1 1 1 1	22c. DATE SIGNED	
Lecer &	Sep	ATTENDING PHYSICIAN	MEDICAL STAF		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. marked or Henr e) last MPORTANT: If Hem 21 is should be detached far with the State Dept. of h ed 325 HOSPITAL DRIVE, SUITE 104 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS GLEN BURNIE, MARYLAND RECEP EROL, M.D. 236 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 23a. 8URIAL, CREMATION, REMOVAL (SPECIFY) Burial 23h DATE 8/10/84 23d LOCATION Balto AOUNAY. Ma

BP

and campletely filled in by the funeral director, page 3 ages 1 and 2 should be filed within 72 hours after death

medical

njury, ar other troumotic

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MEDICAL CERTIFICATION

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchies Hgwy Balto Md

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
AUG 9 1984 2 Davidson-Randelle

9 1984

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ATTENDING PHYSICIAN: The

injury, or other troumatic event, the

STATE OF MARYLAND

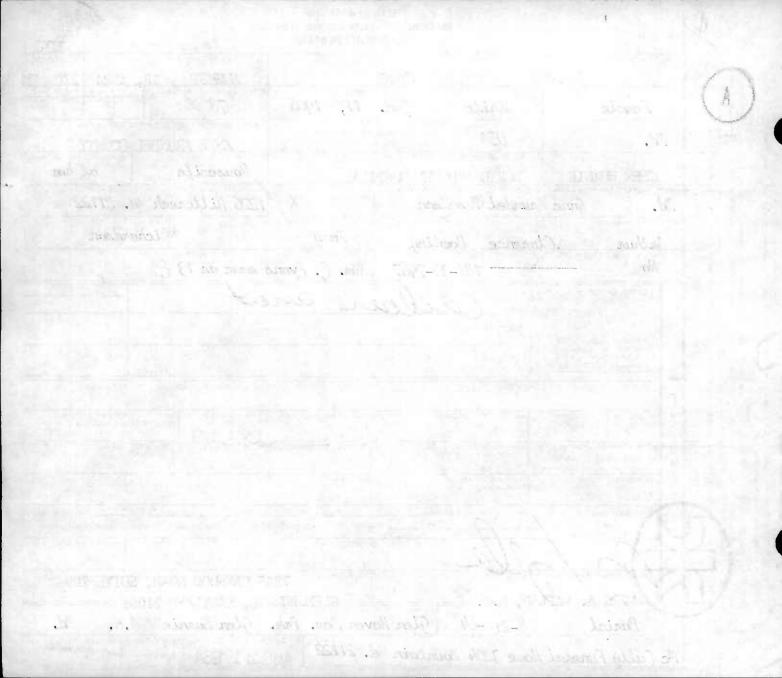
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	13		13	1
Gin	U	0	U	4

1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	D.		ED	Г
	CEASED NAME	FIRST	,	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
(ITTE		JUANIT	A I	BOWLING	G EVANS		AUGUST	18.	1984	220	FM
3. SE		4.	RACE		5. DATE C		6. AGE IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24	HRS MIN.
1	Female		Whi	te	Jan.	11, 1906	78	YRS			
	RTHPLACE (STATE OFF	OREIGN 7b	CITIZEN OF	WHAT COUN	ITRY? 8	X	9 BALTIMORE CITY O	R COUNTY O	FDEATH		
1	AL TRY)		USH	1	MARRIE		ANNE A	DIMINET	COLINIT	V	MD.
10. C	ITY OR TOWN OF DE A	тн 1			URSING HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPATI	ON		OF BUSINESS	-
	GLEN BURNI	The same of the sa	NORTH	I ARUNI	DEL HOSP	ITAL	Housewife	E WORKING LIFE)	INDUSTRY	t hom	
	AL RESIDENCE HE NURSI STATE L. 7	136 COUNT	rundel	Pasaa	TOWN	13d INSIDE CITY LIMPS?	1226 Hille	zip godh reer Ra	. 211.	22	
14. FA	ATHER'S NAME FIRST	CI	DOLE	Bound	lino	15. MOTHER'S MAIDEN NA	WIDDIE	Richa	ndson	5.1	
16a. V	WAS DECEASED EVER	IN U.S. ARMI	ED FORCES?	16b SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS			
- {	YEARO OR UNKNOWN)	(IF YES GIVE V	VAR OR DATES	181-30	7987	Wm. C. Evan	s same as 1	3 8			
=						The Co			APPROX	MATE INTERVA	d .
	PART I. DEATH W.	AS CAUSED	one couse per BY:	line tor lo	bi, ond/cy	i au	est		BETWEEN	ONSET AND DE	ATH
	0.24 (1.01 (1.00)	IMMEDIATE	CAUSE (0)	In	we						
12			DUE TO, O	R AS A CON	SEQUENCE OF						
	Conditions, if ony,		(b)_							-	
	couse (a), stating underlying couse		DUE TO, O	R AS A CONS	SEQUENCE OF				1 3		
			(c)								
7	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0	
CERTIFICATION											
S	198 DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	100 IF YES, V			?
TIE							YES NO	YES		NO 🗌	
	21a. ACCIDENT WAS UND		HOUR A.		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PARI	1 OR PART 2)		
MEDICAL	OR CONTRIBUTING C		P.		19						
Ö	21d INJURY OCCURR	RED	21e PLACE			211 LOCATION	CITY OR TO	WN	COUNTY	STA	TE.
2	WHILE NOT WH	ILE C	[AT HOME, ST	REEL, FACTORY, C	OFFICE, FARM ETC.)	SINCE					
	22s.I certify that (1)		ottended th	e deceased f	1 om	. 19	to	19		that (1) (we) lost
	saw, the decease	d alive on L	/	2		nd that in (my) (our) opinion	death occurred on the de	ate and hour a	nd from the	couses state	d
	17h SiQ (A) (we) (d	id (did net)	onew the tighty	ofter death.		DEGREE			22c DATE	SIGNED	
-	11/2	/	////	1		ATTENDING	MEDICAL STA	FF.			
-	THE PHISICIAN'S HA	WE CONTRACT) (()			Too increase	DIRECTOR PHYSIC				
4	/	///				78	45 OAKWOOD I	ROAD, S	UITE	200	
	MARC A	KNOX	IN M.F			CLEN BID	NIE MADYLA	VD 2106	1		
73a.	BURIAL CREMATION	REMOVAL	73b DATE	01.	-1 11	EMETERY OR CREMATORY	738 LOCATION	• 2500	OUNTY	M ISTA	TE
	Burial		8-21	-04	yeen Ho	iven Mem. Prk	. Glen Bur	ue A	.71.	Md.	

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Mc ("Illy Funeral Home 3204 Mountain Rd. 21122 256 REGISTRAR'S SIGNATURE



DHMH - 17 (VR A15 ME (5) 20M 4/B2

PLEASE PECTOR P FILES HOURS STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	FOR STATE REGISTRAR		DEPARTMENT OF				ru.	0	5 0	
	CEASED NAM	Robert	Allen	LAST	Farrow		DATE KNOWN X OF ESTI- DEATH MATED	MONIH	DAY YEAR 919 84	2b. HOUR
1. SE	ale	4. RACE 5. D	DATE OF BIRTH ONTH DAY YEAR LAST BIRTHD.	ARS IF UNDER	TYR. IF UNDER		C. DATE RONOUNCED DEAD	MONTH 8	9 19 84	2d HOUR 11 PM
3 70 B	OREIGN COUNTRY	yland	CITIZEN OF WHAT COUNTRY?	1.	NEVER MARR	RIED	BALTIMORE CITY OF	_	Y OF DEATH	MD.
G:	len Bur	mie	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NOTTH Arundel H	Hospita		FOR-MC	ALOCCUPATION (TYPE) STOFWORKING LIFE GINEER LO	40	. OR INDUSTI	RY
13a. S	lary lan	d Anne An	rer institution, give residence before admission and el Pasadena	13d Y	INSIDE CITY LIMITS? ES NO 🔀		8 Broadux	ıy 2	21122	
0	ATHER'S NAM	II AA	Willard Fanno	w	Ruth	EN NAME	Mildred	1	Graves	
()	YES, NO, OR UNKN	(IF YES GIVE WAR O			Karen L.	Fann	ow Same	as #1	3 APPROXIMATE	Partit BV/ai
NO	gove cause (e lying co	ons, if any, which rise to immediate o) stoting the <u>under-</u> puse lost. SIGNIFICANT CONDITIONS CONTI	(b) DUE TO, OR AS A CONSEQUENCE ((c) (c) RIBUTING TO DEATH BUT NOT RELATED TO THE TERM	OF	CONDITION GIVEN IN PA	ART I ol				
TIFICATION	19a. DATE C	OF OPERATION	196, CONDITION FOR WHICH OPER	RATION WAS F	PERFORMED?				20 AUTOPSY	NO DX
CALCERT	UNDERLYIN	TING CAUSE OF DEAT		4 Inha	led exha		TURE OF INJURY IN ITEM 18 UMES From		7 2)	
MEDIC	216 INJURY WHILE AT WORK	OCCURRÉD NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) home	21f LOCAT STREET 8 Bro	adway		city or town Pasadena	COU	A.A.	Md.
2	death results GNATURE EXAMINER'S CTUPE OR PR	Neural ex	Accident Suyth, M.D.	M.D.	Homicide TITLE (SPECIFY) Assistan ORESS 111	Undefer	Inquiry , or mined monner	DATE SIGNED	8/10	/84
(SPECIFY) A'M	mation 8,		METERY OR CE	REMATORY	Bal	timore, M	iny lar	nd	AIE
Mc	Cully a	Funeral Hom	es 237 Patapso	21225	AU(G 1 4	1984 Fisha	Davidso	GNATURE M-Randall	2

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FOR STATE

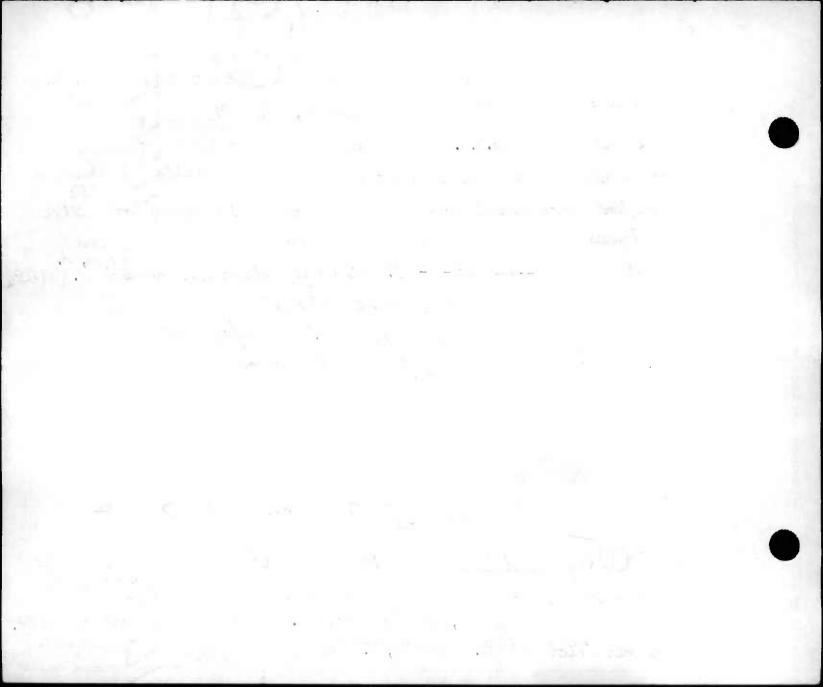
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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("		REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.		
		EASED NAME	FIRST		MIDDLE	ī	AST	20. DATE OF DE		DAY YEAR	2b HOUR
	{TYPE	OR PRINT)	LOTTI	E	G.	FE	LKNER	AUGUST	7, 1984		1:35 P
	3. SEX	Female		4 RACE ////	• 1	5. DATE C		6 AGE IN YEARS		MONTHS DAY	AR IF UNDER 24 HR
`	100	remale		Whi	te	Sep	tember 16, 18	2 91	YRS.	MONTHS DAY	S HOURS MP
810	7a. BIR	THPLACE (STATE O	R EORE IGN		WHAT COUNTRY?	11	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
1		anyland		4.5	A.	WIDOWE		ANNE AF	UNDEL CO	OUNTY	^
17	10. CI	Y OR TOWN OF DI	EATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCC	UPATION MOST OF WORKING	176. KIND	OF BUSINESS C
6		EN BURNIE			ARUNDEL H		AL		seul fe		un flome
25	130. S		136 COUP	Arunde	GIVE RESIDENCE BEFORE	N3	138. INSIDE CITY LIMITS?	13. STREET ADD	RESS / ZIP COL	£,	244/1
8/		THER'S NAME	printe	runue	Jevenn	- and	YES NOWN	1//)) 1e	egraph	roaa	21144
H	II. IA	Thomas		MIDDLE	Ash	ley	Finna		DDLE	Adam	nast
97	16a W	AS DECEASED EVE			166 SOCIAL SECU	RITY NO	17 INFORMANT		ADDRESS	Sever	
1/3	Ι¥	ES, NO DHKNOWN)	TIF YES, GA	/E WAR OR DATES)	220-18-3	539	Miss Betty Fe	elkner 7	733 Tele	graph 1	Rd. 211
Ě		I CAUSE OF DEA	TH (Enter or	ly one couse per	line to fall (b), one		n	. –		APPR	OXIMATE INTERVAL EN ONSET AND DEAT
Į.	ш	PART I. DE ATH		D BY: TE CAUSE (0)	line for o), (b), one	olio	e presi				
y			MANEONA		19911			/ /	-		
and.				DUE TO, O	R AS A COMSEQUE	NCE OF	roled /	ufare	har		
20		Conditions, if on gove rise to in		(b)	100	D	//	1		_	
ě		couse (a), stat	ing the	DUE TO, O	r as a conseque	VEED 2	enhuem	L			
o ro				((c)	0/						
ury,	z	PART 2. OTHER SIG	GNIFICANT (CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	CONDITION G	IVEN IN PART	110
E C	CERTIFICATION		ATION	IN COM	Mari Fon Wallet	OPERATIO	N WAS PERFORMED	70a AUTOPSY	O Tank IEV	ES, WERE FINI	DINICELIEED
000	S.	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	Zee AUTOPS			ES OF DEATH?
ho ho	RTI						Tet tiquidalina again			ES 🗌	NO []
8	1	OR CONTRIBUTING	-		M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM IS	PART I OR PART 2	?)
E	\§	(IF EITHER NOTIEY ME	,		M	19					
ò	MEDICAL	214 INJURY OCCU		21e PLACE	OF INJURY REET, FACTORY OFFICE F.	ARM ETC I	21f LOCATION STREET	Ct	TY OR TOWN	COUNTY	STATE
rke	^	AT WORK NOT	ORK			**	0 0-	C			
s mo	1 1	22a.l certify that (I) (this hosp	ital) attended th	e deceay of from	/-	7 - 19.84	, to	,) .	. 19	_, that (I) (we) la
21		sow the deced	sed plive on	t) view the body	offer Booth	9 01	nd that in (my) (our) opinion	deoth occurred or	the date and ha	out and from t	he causes stated
te B	1 1	77h SIGNATURE		A. /			DEGREE			22c. DA	TE SIGNED
= /	1	XIII	LYW	ac Mr)	1	1- D ATTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIAN [18.	8.84
MPORTANT		224 PHYSICIAN'S	NAME (TYPE O	OR PRINT)			77e ADDRESS	g 0		RYLAND	21061
PO /		CHACKUMK	AL V.	CYRIAC.	M.D.		14 WELLHAM A	VE. #101			21001
≤		URIAL, CREMATION SPECIFY) Buria	, REMOVAL			Jen	metery or crematory	138 4 9 CATIO	Burnie	Anne A	runde!"
	74 F11	NEPAL DIRECTOR	Ac Cui	Jul was	nal Home	of Pr					
/83	Mo	untain &	12007	Teck Ras	· asaae	nh, Mo	Carrier Al	E REC'D. BY REGI	24	Wall door	- Manage
						,	AU	0 13	11		*

DHMH - 16 50M 4/83 (VRA 15, 4)

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executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

1	1	FOR STATE	DEPART		TH AND MENTAL HYGI	ENE "TE SOME	0		
۱		REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO	o		
ì		EASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 26 H	OUR
ı	(TYPE	OR PRINT) DIF	ada 1	- 511	0000	Aug	131	1984 2	1AM
ł	3 SEX	14	RACE	5 DATE OF BI	RTH	6. AGE (IN YEARS LAST OR	HOAY) If UI	NOER I YEAR IF UN	OER 24 HRS
ı	n	nala	1.14.7	MONTH	11 1021	41	MON	HS DAYS HOUR	RS MIN
ł	7n RIP	THPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	LINON	11,1930	9. BALTIMORE CITY O	P COUNTY OF	DEATH	
		ODYTRY)	LA COUNTRY		NEVER MARRIED	n bactimone cirry		1 1 1	
1	1	eru	1. NAME OF HOSPITAL NURSII	WIDOWED	DIVORCED [tinne	FIRIT	26. KIND OF BUS	MD.
1	Y CII	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACHEY, GIVE STREET		THER INSTITUTION	17a USUAL OCCUPATION OF OF WORK FOR MOST O		MDUSTRY	INESSOR
1	1	nnapol15	2939 Oroc		ount	Civil Sen	rant k	TOVERDO	nent
1	USUA 13a. S1	IL RESIDENCE (IF NURSING HOME OR OF THE COUNT)			INSIDE CITY LIMITS?	13e. STREET ADDRESS		21401	
	L	ND A	A Honge	1 -	S NO	2939 8	road (Lourt	
4	14. FA	THER'S NAME	DDLE LAST	15	MOTHER'S MAIDEN NAM	NE .			
1		Alfreda"	FIGURE	00	Anna	Œ.		Benz	0
t	Ióa W		ED FORCES? 166 SOCIAL SECT	1	INFORMANT	ADDRE	SS C	2000	S
1	(4)	(IF YES, GIVE)	WAR OR DATES)	1730-	To-notta	Figures		#13	
ł		110	DC10-100.	11301	eanene	riquerc	100	APPROXIMATE	NTERVAL
1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b), or BY:	Id (ci.)	nchogenic	carcinou	101	APPROXIMATE IN	
1		IMMEDIATE		010	NEWOGENTE	Caventon	14	1/2 4	eav (
ı			DUE TO, OR AS A CONSEQU	ENCE OF					
		Conditions, if ony, which	(b)						
ı		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF					
ı		underlying couse lost.	(c)						
ı	_ 1	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NO	RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN I	N PART 110	
	CERTIFICATION							71	
	CAT	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	AS PERFORMED	200 AUTOPSY?		ERE FINDINGS U	
	Ě					YES NO	YES [
1	E E	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21	HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR		-			
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	210. PLACE OF INJURY		LOCATION				
ł	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
1		AT WORK AT WORK		111	- 84	8/13		ST that I	
		228.1 certify that (I) (this haspital saw the deceased alive on		RU and th	ot in (my) (our) opinion d	eath accurred on the de	ate and how on	, 11107 (I) (we) lost
1		ove, (I) (we) (did) (did not)				eom octoried on me de	ore ond noor on		
1		226 HIGNATURE	() 00 01.01	7. DEG	ATTENDING	MEDICAL STAI	i F	220 DATE SIGNI	LD
		gruan (. Delouid	1	PHYSICIAN 🔀	DIRECTOR PHYSIC		01010	9
		226 PHYSICIAN'S NAME (TYPE OF	PRINTY	22	ADDRESS	3	Λ		1
1		STUDIT E	. Selonica,	Mil.	SI traul	clin ST	· Hun	ipolis u	id.
1		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEME	TERY OR CREMATORY	234. LOCATION			
J	(remation	A G 13 1984 F	t. Lin	colh	Grentu	l boo	7.G. 1	am
1	24 FU	INERAL DIRECTOR	0	, , , , , ,	25a. DATE	REC'D. BY REGISTRAR		SSIGNATURE	1,02
1	To.	War Funezal	Chanel- Poress	020/20	mo AU	16 1 0 1984	1 what was	SSIGNATURE	
1	ich	dioi imperiori	MAINO- IIII	MACIN					

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directions about be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.

injury, or other troumotic event, the

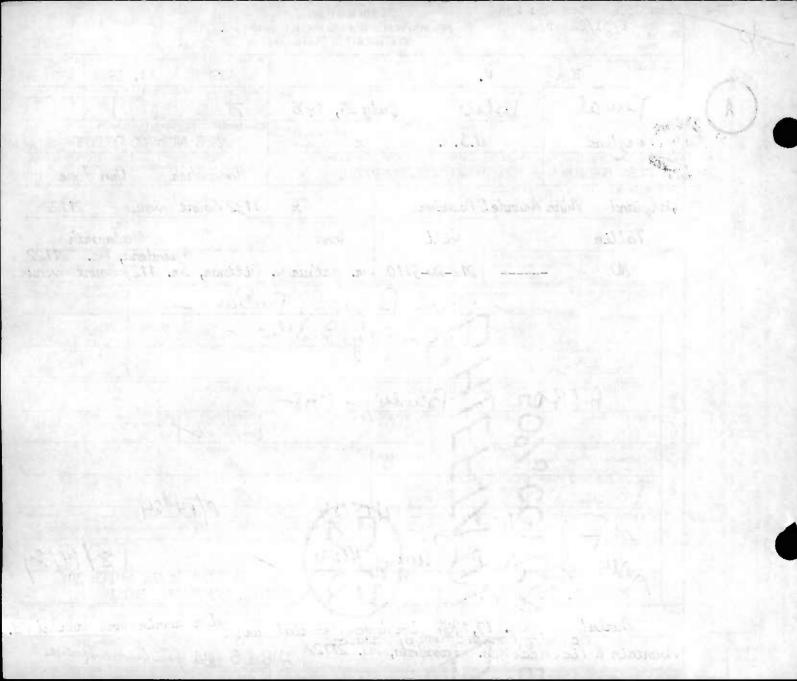
IMPORTANT: If Item 21 is morked or Item 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

medical examiner must be notified of ange

the many of the last the contract to many people it is a single Street and Control of Secondary to the tell The self book to self all all the self of a self of Carrie and Louis

10		FOR 8/31/84 r.		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0 5 1 1	EDT
	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE		AST .	REG. NO.	NEH DAY YEAR 26.	HOUR
pe th		OR PRINT) EVA	V.	FINN		AUGUST	14, 1984	130 A
Wester po	3. SE:	Temal	4 RACE WLILL	S. DATE C	ly 25, 1906	6 AGE (IN YEARS EAST BIRTHD		UNDER 24 HRS
in 72 har		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C ANNE AR	COUNTY OF DEATH UNDEL COUNTY	_ MD.
by the fu		GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOMEMORE)	ORKING LIFE) INDUSTRY	
filled in hould be	Ma	inyland Anna	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTX Arundel 13-0 ITY OR TOW Pasadence	N	13d. INSIDE CITY LIMITS? YES NO 🕇	13 STREET ADDRESS / Z	avenue 2	1122
ompletely and 2 s	14. FA	Tollie	MIDDLE GIAG		Anna Anna	WIDDEE	Wadswort	
n and co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNDOWN) (IF YES, GN	MED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 212-20-5		Mr. Anthun G.	Dittman, Sn	sadena, Md. . 1127 Mount	Avenue
requires that the death certificate sen signed by the attending physici. 1. Then please remove corbonapaper or to burial, cremotian, or removol. y injury, or other traumotic event, the	TION	Conditions, if ony, which gove rise to immediate couse lo), storing the underlying couse lost. PART 2 OTHER AGNITICANT	TE CAUSE (0)	ENCE OF DEATH BUT	NOT RELATED TO THE TERM		APPROXIMAT BETWEEN ONSE FOR GIVEN IN PART 110 ION GIVEN IN PART 110	
aN: The low hysician. ficate has be transit permit Hygiene pri 18 shows on	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY				YES	
OR ATTENDING PHYSICIA e hospital or ottending pl DIRECTOR: After this certificated for use as the buriolity bebt of Health and Mental f them 21 is marked or frem	MEDICAL	saw, the discussed other or other, (f) (1 stated) and no the SCHATURY	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)		death occurred on the date	and hour and from the cau	
TO HOSPITAL retoined by th TO FUNERAL should be dete with the State	770	JORGE B. RA	AMIREZ, M.D.	NAME OF C	GLEN BUR	RNIE, MARYLAN	OAD, SUITE 26 D 21061)5 /
ВР		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR MC (U	1 17 1001	Godar	Hill Cemeter	y Anne Arunde		STATE .
DHMH - 16 50M 4/83 (VRA 15, 4)	Me	puntain & Tick	Neck Rds. Pasad	ena,	Ma. 21122 AU	- 10 /	lia Davidson-Ran	dell



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 2b HOUR DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) August 13,1984 ROYSTER FOX THOMAS 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) # UNDER TYEAR IF UNDER 24 HRS. 4. RACE 3 SEX White 20, 1926 Male July BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED North Carolina U.S.A. Ann Arundel County DIVORCED [WIDOWED 12h KIND OF BUSINESS OR M CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

North Arundel Hospital Teacher- Strayer College Glen Burnie USUAL RESIDENCE (IF NURSING IN MIT OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 4606 Roland Ave, 21210 13a. STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimore Čitv YES XX NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Alston MIDDLE FIRST Frank Fox Benjamin Lucy ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Mrs Hazel W. Fox, Same As #13e 21210 245-26-5678 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: MINDOUR IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [] NOX 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH P.M. LIFETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION STATE CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) etheodes the deceased saw the deceased alive on obove, (1) (we) (did) (did not) view the body after death the deceosed from ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Wyman Park Health Systems, Inc. Balto., Md. D. Holcumbe M.D.

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prior

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morked

4

MPORTANT

the t

FUNERAL DIF

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL 23b. DATE Cremation

8-14-84

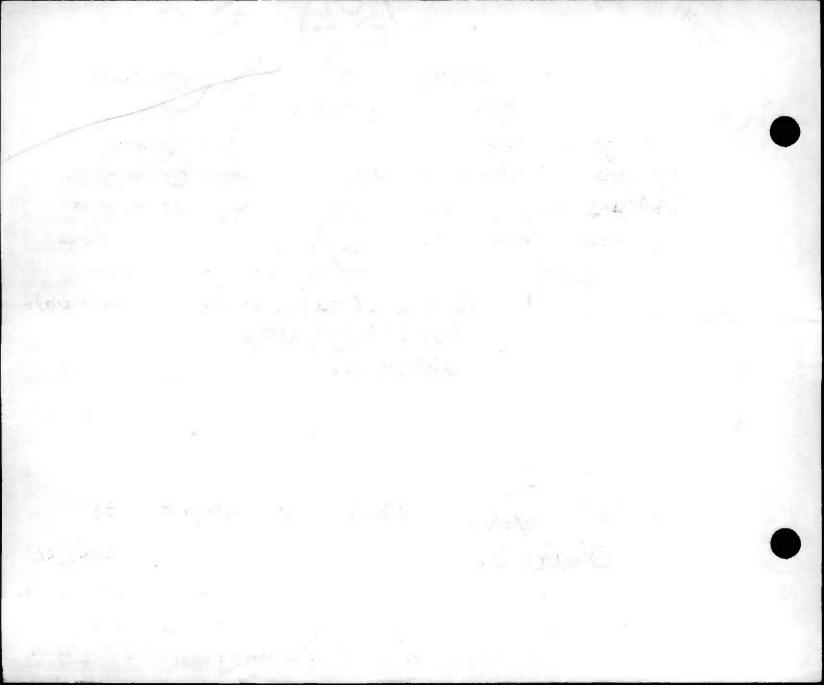
23c. NAME OF CEMETERY OR CREMATORY

Westview Crematory

23d LOCATION Baltimore, Maryland

24. FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. Towson, Md.



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

10 HINFIAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 hashbald be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT # ## 21 is marked or frem 18 shaws ony injury, or other troumotic event, the medical

3th	FOR STATE REGISTRA	4
	1. DECEASED N	/

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE"

2

1.	STATE REGISTRAR	VEI ART	CERTIFI	CATE OF DEATH	REG. NO).		
	CEASED NAME FIRST	20 R.	FR	e/	O S	MONTH DAY	78H	26. HOUR 0245 AM
3. SE	m	4 RACE	5. DATE OF MONTH	8,1903	6. AGE (IN YEARS LAST BIR)	YRS.	UNDER I YEAR	IF UNDER 24 HRS
	COUNTRY	76. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED D	anne Ari	rcounty o un de l	CO	MD.
	ort Meade, MD	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET KIM BROUGH AK	ADDRESS)		120 USUAL OCCUPATION PUBLIC WE	ON -	00	Gou't
MI	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN A. A	ITY 13c CITY OR TOW	1215	13d. INSIDE CITY LIMITS? YES NO 1		LEYS	T21	401
	FIRST	erry Fre		Myrtle	WIDDLE		Ho	dge
		MED FORCES? 166 SOCIAL SECU EWAR OR DATES) 47 216-28-	9554	17. INFORMANT WIFE - GL	ADYS	SAME		
	PART I. DEATH WAS CAUSED	ly one couse per line for (01, (b), on D BY: E CAUSE (0) CARD O	dien.	MARY F	RREST		2 0	ONSET AND DEATH
	Conditions, if ony, which		3 days					
	cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	CAR	CINOMA			Ť	RAR
LION	CAR	CONDITIONS CONTRIBUTING TO	hyth	mIAS				
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION		20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [G CAUSES	
CAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	21d, INJURY OCCURRED WHILE ON THE OF	216. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, I		211. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	sow the deceosed alive an above, (1) (we) (did) (did not			that in (my) (our) opinion d	, to AVG 200 leath accurred on the do	te and hour o	nd from the	
	STATURE STATURE	Shenmo	D	EGREE ATTENDING PHYSICIAN	MEDICAL STAF		25 d	AV684
	JONATHY	AN SAFREN	MD	LMB ROVA	sh ARm	y Ho	SPII	A2.
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. (NAME OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

etained by the haspital or ottending physician.

O HOSPITAL

BP.

24. FUNERAL DIRECTOR Ridgely n. Md. Ave. 21401 12 Ri Ann. Home Hardesty Funeral

Burial

8/28/84

OCATION
CITY OF TOWN
Arlington Va.

By REGISTRAR 73b. REGISTRAR'S SIGNATURE Arlington National

Tuha Davidson Rando De AUG

EN LINE STATE COME OF THE PARTY OF

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPOTENE

2	U	0	1	6 7

	1 -	STATE REGISIRAR		DEI ANTM	CERTIF	ICATE OF DEATH	REG. N	O.		
-		CEASED NAME FIRST OR PRINT)	MODING TO SERVICE	2050		RIEDLANDER	20 DATE OF DEATH	8 - C	6 - 84	1034 PM
	3. SE	FEMALE	4. RACE WHITE		5. DATE O		6 AGE (IN YEARS TAST BIR		FUNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
l		RTHPLACE (STATE OR FOREIGN OUNDERSTITHUANIA	76. CITIZEN OF WHA	AT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL CO.			MD
1	G	LEN BURNIE	ANNE A	RUNDEL'	GEN.	HOSP .	170 USUAL OCCUPATION OF HOUSEWI		INDUSTRY	HOME
7	13a. S	AL RESIDENCE (IF NURS HE COUL TATE MARYLAND		ALTIMORI		112 110	130 STREET ADDRESS	TS CAVE	#212	215
2	/	JACOB		ASL'ÔVAT		15. MOTHER'S MAIDEN NAM	WIDDLE		UNKNÖ	NW
2	16a W	(IF YES, GI	MED FORCES? 16b	SOCIAL SECUR		193 HILLTOP	BBI MORRÎS	OLIS.	MD 21	403
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line D BY TE CAUSE (o)	for to 1, (b), and	160) 1656	h hadi	XI CEREBRON ACCIDE	ASCULP	BETWEEN O	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS	A CONSEQUE)
		cause (a), stating the underlying couse lost	(c)	A CONSEQUE					<u> </u>	
	NOIT	PART 2 OTHER SIGNIFICANT	heumol	OLLW	5	205,5				
1	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	NWAS PERFORMED	YES NO	IN CERTIFY YES		
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	D P.M.	MONTH DA	Y YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	RT OR PART 2)	
	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF I	NJURY FACTORY, OFFICE, FA	RM ETC }	211 LOCATION STREET	CITY OR TO	wn J	COUNTY	STATE
		224 I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no	810	19 8	· or	id that in (my) (our) opinion d	leoth occurred on the de	ite and hour		that (I) (we) last couses stoted
		226. SIGNATURE	nen			ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		224. BAJE	SIGNED 0/84
		22d PHYSICIAN'S NAME (TYPE OF BIER	PRINT)			22e ADDRESS				
	23a. B	URIAŁ, CREMATION, REMOVAL SPEC#Y) BURIAL	AUG. 7, 19	84 S		EMETERY OF CREMATORY TH ISRAEL	234. LOCATION BALTIIN	IORE	COUNTY MA	RYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached for use as the burial-fransit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Hem 21 is marked or Item 18 shows any

injury, or other troumotic event,

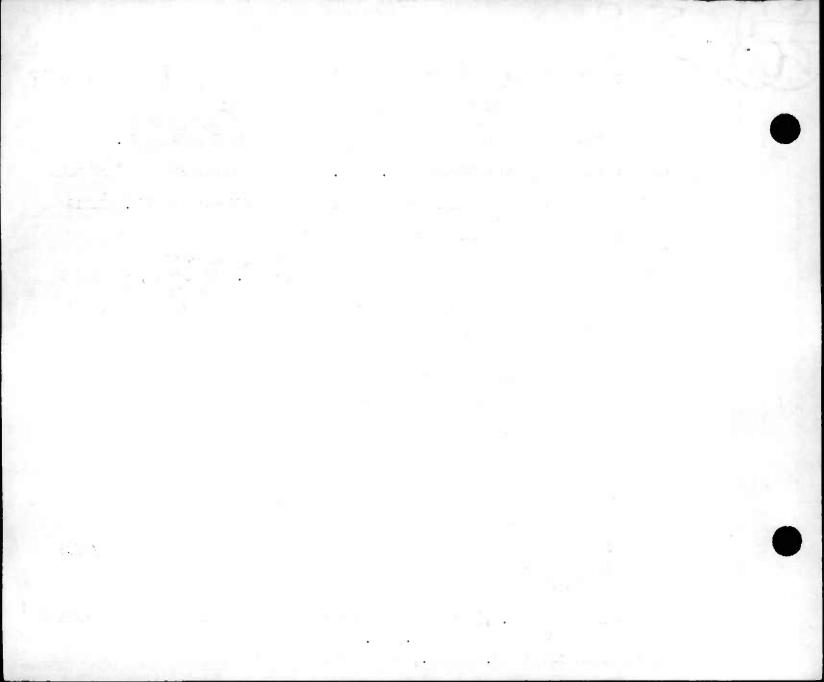
SOL LEVINSON & BROS., INC. ERSTOWN RD. BALTO., MD 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

6010 REISTERSTOWN RD.

21215

a Lavidson Bondall

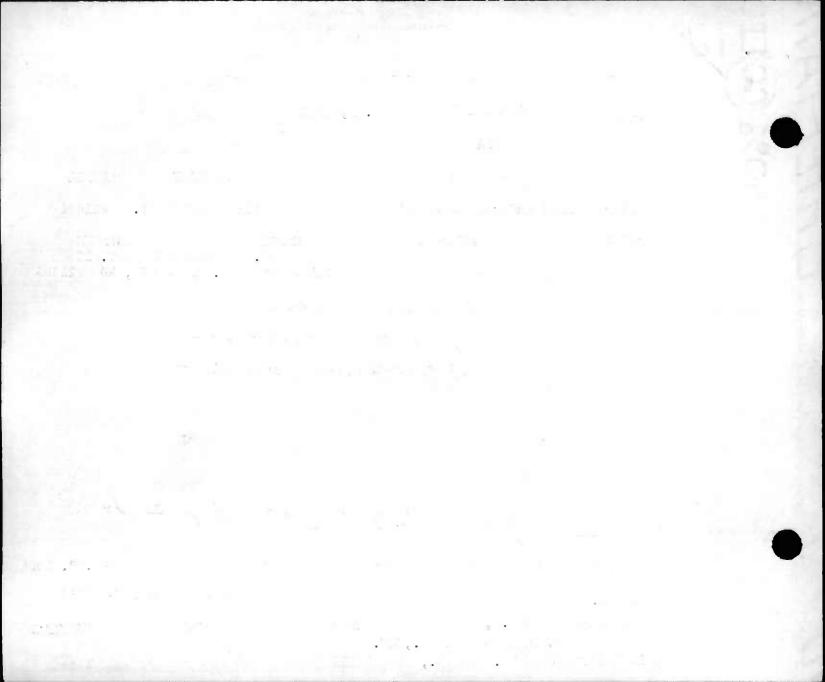


BP. DHMH - 16 50M 4/B3 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYPRENE

	.1	ľi.	FOR STATE REGISTRAR			DEPART		EALTH AND MENT				,	
	9		CEASED NAME	FIRST	MIC	DOLE	L	AST		REG. N 2a DATE OF DEATH		AY YEAR	2b HOUR
Est		(TYP	DORA		_	•	FRIED	MAN		AUGUST 2.	1984		11:54 M
Day		3. SE		4	RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BH	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
0.5		1	FEMALE		CAUCASI	AN	FEB	. 2, 1902	FAR	82	YRS	ONTHS DAYS	HOURS MIN.
hou ?	3/5	7a. B	IRTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF W	HAT COUNTRY	- 14	D NEVER MARR		9. BALTIMORE CITY O	R COUNTY	OF DEATH	
by the funeral dire	O J	M	ARYLAND		USA		WIDOWE	D DIVORC	ED 🗌	ANNE AR	IINDET.		MD.
with with	Par 1	10. C	ITY OR TOWN OF DEA	TH 1	1. NAME OF HO	SPITAL, NURSI	NG HOME C	OR OTHER INSTITUT	ION	12a USUAL OCCUPAT	ЮN	126 KIND O	F BUSINESS OR
by t	3/1		LEN BURNII		NORTH A	ARUNDEL	HOSPI	TAL		SALESLAD	Y	RETA	IL
filled in rould be	Mustre	130 3		13b COUNT	Y 11:	CITY OR TO	MN	13d. INSIDE CITY LI	MITS?	13e STREET ADDRESS	ZIP CODE		
ly fill	E .	_	ARY LAND	ANNE	ARUNDEL	ANNAP	OLIS	YES X NO		701 GLENWO	OD ST.	#21	401
completely f	Second !	14. FA	FIRST	M	IDDLE	LAST	A.Y	15 MOTHER'S MAI		MIDDLE		LAST	1
Com C		lán V	PETER VAS DECEASED EVER	INIIS ADAA		FREEDMA		17. INFORMANT	CARRI			UNKNOW	
ond	medical	(YES, NO OR UNKNOWN)		WAR OR DATES)	14-22-				R. LEE HARW DD CIR. ANN		APT. 1	21403
cion ers. P	the n			1.5				/ 31LV	LKWOC	DD CIR. ANN	Ar OLIS	_	
physic pop n	/ent,	l	18 CAUSE OF DEATH PART I. DEATH W			(crd	nd (ci.)	Arre	nt			BETWEEN	MATE INTERVAL ONSET AND DEATH
ding orboi	fic e			IMMEDIATE	CAUSE (a)					0			
offend ove co	oumo		Conditions, if any,	which	(ib)	AS A CONSEOL	men	as P	woo	lesm.			
the cremo	er tro		gove rise to imm couse (a), stating	nediate g the	DUE TO OR 4	AS A CONSEOL	ENCE OF			4			
by sose of, cr	or other		underlying couse	lost.	(c)	(8/46	WVZ	ncula	u	ce celles			
gne en pl	7, 0	,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110)·
t. The	y in pr	Į.											
as be	4000	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDITIO	IDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY?	206. IF YES, IN CERTIFY	WERE FINDIN	OF DEATH?
nsit p	shov	ERTI	21a ACCIDENT WAS UND	ERLYING [21b. TIME OF I	NIIIIPV		11. HOW INTHERY	OCCUPPE	YES NO	YES		NO []
Tifico Il-tra tal H	E/		OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.M.	MONTH D		ZIETIOW INJORT	OCCURRE	D (FINTER NATURE OF INJU	RY IN ITEM IB PAI	RT T OR PART 2}	
burio Meni	H He	MEDICAL	(IF EITHER, NOTIFY MEDIC		P.M. 21e. PLACE OF	INJURY	19	211 LOCATION					
the ond	morkedar	M	WHILE NOT WHI	LE 🗍	(AT HOME STREET	, FACTORY, OFFICE,	FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
se as	TO E		22a I certify that (I)		l) attended the d	deceased from	July	Zh 19	89	10 An	- 2	· Sy	that (I) (we) last
for of H	21 is		saw the decease above, (1) (ward	d alive on	Any	19_	84.60	d that in (my)-(auc)	opinion de	eath occurred on the de	ote and hour	and from the a	couses stated
hed ept.	Hea		226 SIGNATURE	V (gla lion)	your tile body on	1	[DEGREE				22c. DATE S	SIGNED
ERAL Die detoc	E 1		17	1		10	n	ATTEN PHYSI		MEDICAL STAI		ATIC	2. 1984
FUNERAL old be de	TAN		22d, PHYSICIAN'S NA	ME (TYPE OR F	PRINT)		14	226 ADDRESS				LAUG	7, 1704
should be	MPORTANT		PAUL S. I	RHODES	M.D			1667 CRO	FTON	CENTRE, CR	OFTON,	MD 21:	114
F to 3	≤	23a. B	URIAL CREMATION I	REMOVAL	23h DATE			EMETERY OR CREM		23d. LOCATION CITY OF TOWN		COUNTY	
	_	_	SPECIFY) BURIAL		AUG.5,19			EMUNAH		BALTIMO	RE	M.	ARYLAND
16 50M 4	/B3		INERAL DIRECTOR		EVINSON				25a. DATE	REC'D. BY REGISTRAR	25b. REGISTR.	AR'S SIGNATU	JRE
A 15, 4)			6010 REIST	ERSTOW	N RD. I	BALTO.,	MD	21215	ALIG	1 0 1004	2 1. A	, b.	1.00



3	90	OR	D	STATE OF	MARYLAND TH AND MENTAL H	YGIENE 2 0	010
		STATE AKA REGISTRAR Hattie		ICAL EXAMINER'S		F DEATH REG. NO).
Market .		CASED NAME FIRST	et s	Sophia G	Mialer	26. DATE KNOWN (*) OF ESTI- DEATH MATED	MONTH DAY YEAR 12 HOUR 25 1940
AN PLEA COUR PLEA THOM	3. SEX	F CAU	3 DATE OF BIRTH		UNDER 1 YA. IF UNDER	MIN PRONOUNCED DEAD	8 25 1984 1940 M
WITH WITH	Ma	TTHPLACE (STATE OR DESCRIPTION OF THE PROPERTY	U.S.A	• WIDO	RRIED NEVER MARRI	ED 🗆 H	A
PAGE FIELD	6	IEN BURNIZ	Wort		THER INSTITUTION	12a USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Line Worker	Nathustore Fixtures
AND 3 RETAIN HOULD RECORD	USUA 13a. S	ATE AT 13b. COUN	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION) 13 OTY OR TOWN 1 ASAGE WA	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS	19 point Rd.
EATH SESTING		THER'S NAME Charles	MIDDLE	Hepburn	15 MOTHER'S MAIDE	E.	Unknown
JRS AFTER D 3. GIVE PAC WITH FORM T. PAGES 1 DIVISION C		YAS DECEASED EVER IN U.S. AR S. NO, OR UNKNOWN] (IF YES, GIVE NO	MED FORCES? WAR OR DATES!	16b. SOCIAL SECURITY NO. 214-22-9147	Kenneth W	ADDRESS . Gaigler 1590	Z11ZZ
HOURS M 18. G NG WII RMIT. P ENE, DIV		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one couse per line f D BY: TE CAUSE (a)	or (a), (b), and (c)	line F	Arrest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ENCIL IN ITE MINER ALO TRANSIT PE ENTAL HYGIR		Conditions, if ony, which gove rise to immediate cause (a) stating the <u>under</u>	DUE TO, OR A	AS A CONSEQUENCE OF	sevo.		
		lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL OIS	EASE OR CONDITION GIVEN IN PAI	RT 1:0	
HOULD BE EXECUTED RD "PENDING" IN F HIEF MEDICAL EXA USED AS A BURIAL OF HEALTH AND MIRIAL, CREMATION,	CERTIFICATION	19a DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
CATE S HE WO THE THE TO BE	AL CERTI	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 P	YES NO
WRITING TO WARDED TO WARDED TO PAGE 3 SHO STATE DEPAR	MEDICAL	21d. INJURY OCCURRED	21e PLACE O		LOCATION STREET	CITY OR TOWN	COUNTY STATE
D. D. D.	Y.	22a I certify that I taak char		ribed above, held an Aut	apsy , Inspection, Homicide ,	n N. Inquiry . on	d in my apinian
TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FI TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALLWORE, MARYLAN		ACTUAL SIGNATURE (Mile	im D.	Meth	M.D. Deputy	MEDICAL EXAMINER	DATE 8/26/84
TO MEDIC EXECUTE PAGE 4 S TO FUNEI AFTER DE BALTIMOI		EXAMINER'S NAME WILLIO				ica Crt., DAVIDSON	VILLE, MD. 21035
BP	(5	JRIAL, CREMATION, REMOVAL PECIFY) Burial	8/29/84	Glen Haven	Mem. Pk.	Glen Burnie	A.A. Maryland
DHMH - 17 (VR A15 ME (5))	-	NERAL DIRECTOR NAME bbard Funeral	Home, Inc.	21229 4107 Wilkens	Ave. 256. DATE F	0	ha Davidson-Bandon

CHE PERMIS WELLT HELLEY CO. T. POSTER STEELEY Md A H. Wenderd To 1550 long some A Cardine Arrest -OINSE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			F HEALTH AND MEN	-		U	0 1		
		EASED NAME Andre			llagher Allagher		reg. No	100	DAY YEAR	26 HOUR	7
	1 SEX		4. RACE		E OF BIRTH	6. AC	GE INMEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 24 HRS	
	1	MALE	White		May 3, 1894		90	YRS.	MUNITS DATS	HOURS MIN.	
1	7s: 88	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?				BALTIMORE CITY OR COUNTY OF DE			DEATH	
	S	cotland	U.S.A.	WIDO	WED MED DIVOR	CED 🗆 AI	nne Arund				ID.
4		en Burnie	EIF NOT IN SUCH FA	SPITAL, NURSING HOM CILITY, GIVE STREET ADDRESSI CUNDEL HOSP		(TYPI	USUAL OCCUPATION OF WORK FOR MOST OF COMMON TO	F WORKING LIF	(E) INDUSTRY	f BUSINESS OF tt Mach	
2	USUA 13e S	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE	E RESIDENCE BEFORE ADMISSIO	1 134. INSIDE CITY L	IMITS? 13eS	STREET ADDRESS	ZIP CODE			
)				Glen Burnie			8 Gatewat			21063	1_
0		THER'S NAME FIRST John	MIDDLE Gal	lagher	15. MOTHER'S MA FIRST Jane	IDEN NAME	MIDDLE		UnKnow		
1		AS DECEASED EVER IN U.S. AL	RMED FORCES? 168	SOCIAL SECURITY NO	D. 17 INFORMANT	Daughter	r) ADDRE	ss 793	6 Cross	Creek	Dr
		No //		215/10/9602	Bernice 1	I. Taylo	or Glen	Burn	ie, Md	21061	
1	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT WARD TO PERATION	DUE TO, OR A: (c) CONDITIONS CONI	ON FOR WHICH OPERA	F SCLEAR SE BUT NOT RELATED TO SELLA SERVICION WAS PERFORME	D gen	es NO	206. IF YES	S, WERE FINDING CAUSES	IS USED C. Y	= HT
2		710 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	110110 4 14	MONTH DAY YE	AR 21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 1	PART I OR PART 2)		
7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.		9						
	MED	WHILE NOT WHILE AT WORK	71e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM, ETC	21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
		27e I certify that (I) (this hasp saw the deceased alive a above, (I),(we) (did) (did no	7 25	19 86	, and that in (my) (aur	9 <u> </u>	to	Z ate and has		that (I) (we) la couses stated	st
		276. SIGNATURE)	10 ou	u Con	MM PHYS	NDING ME	EDICAL STAI	FF IAN 🗌	8 - 2	-84	
	-	22d. PHYSICIAN'S NAME (IVPE	ca C.O	2 110	no ADDRESS	BXA	8/vd	SI	o Ms	2111	46
		SPECIFY)	4.5 (7.1)		F CEMETERY OR CREA		34 LOCATION CITY OR TOWN		COUNTY	STATE	٦,
		Burial	Aug. 3, 1	.984 Meadow	ridge Mem.		Elkridge		ard	Md.	
		INERAL DIRECTOR Singleton Funer	al Home•G	len Burnie	, Md.	AUG	7 1984	256 REGIST	K . A	fordett.	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR.

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DHMH - 16 50M 4/82 (VRA 15, 4)

-11	1	FOR STATE			DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENT FICATE OF DEAT		2	Ü	0	3
Ko	_	REGISTRAR							REG. N			HI '
. 1		CEASED NAME	FIRST		WIDDLE		LAST	20. D	ATE OF DEATH	MONTH	DAY YEAR	26. HOUR
1/11.			FRALD-		NMN	GEPHA	V 1 -		AUGUST'	20	, 1984	0610
2 (CAA)	3.5E)		4.1	RACE		5. DATE	OF BIRTH	EAR 6 AG	E (IN YEARS LAST BIR	THDAY}	MONTHS DAYS	HOURS A
		Male		White	e	Auc		928	55	YRS.		
2 02 6/4		RTHPLACE (STATE OR FI	OREIGN 76.	CITIZEN OF	WHAT COUNTRY	8.	D NEVER MARRI	IED 9 BA	TIMORE CITY O	R COUNT	Y OF DEATH	
the state of		ennsylvania	a	U.S	.A.	WIDOW			ANNE A	PHINE	L COUNT	Y
2 34 327		TY OR TOWN OF DEA			HOSPITAL, NURSI		OR OTHER INSTITUTI		SUAL OCCUPATI			OF BUSINESS
t p j		GLEN BURNI	E	MORT	H ARUNDEI		TTAL.		ef Engi		Civi	
ly filled in by the should be filed the filed		AL RESIDENCE (IF NURSI							-		To also V also	- DCI V
all did	3	arvland	Anne A		Glen Bu		YES NO		reet address 4 Elizab	oth E	hen?	21061
2 sho		THER'S NAME	runc r	II ariac	TOTCH Da	LILLE	15. MOTHER'S MAI		7 DILZON	eur r	load	STOOT
ompletely ond 2 sh	D	avid	MID	OLE	Gepha	-x+	FIRST		MIDDLE			IST
	_	AS DECEASED EVER	IN U.S. ARME	D FORCES?	Tibb SOCIAL SEC		Mary 17 INFORMANT		ADDRE	SS	Allis	JII
Poges medico	0	ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	200			T7	/==' C			11.2
frem	Ye	18 CAUSE OF DEATH	W.W.		188/20/	3367	Mildred	v. Gepn	art (W11	e) Sa	me as	TLS
d by the ottending please remove carbong ial, cremotion, or remore or other traumotic eve		Conditions, if any, gave rise to imm couse (a), stating underlying cause	nediate g the last	DUE TO, C (b) DUE TO, C (c)	OR AS A CONSEQUENCE OF A CONSEQUENCE OF A	STOP			orc'non			mont
permit. Then propriet to but we any injury,	CERTIFICATION	190 DATE OF OPERAT	Urs				NOT RELATED TO T	200	AUTOPSY?	10b. IF YE	S, WERE FIND	INGS USED
he burial-transit and Mental Hygie and or frem 18 sha	MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 210. (N JURY OCCURR WHILE NOTIVE	AUSE OF DEATH (AL EXAMINER)	21x PLACE	OF INJURY .M. MONTH C .M. OF INJURY (REET, FACTORY, OFFICE,	19	21c. HOW INJURY			RY IN ITEM TS		STATI
ept. of Health and		WHILE NOT WHAT WOR AT WOR	(this hospitol)	0-1	19_	sp.	ind that in (my) (our)			ote and ha		, that (we) e couses stated E SIGNED
should be detached with the State Dept.		22d, PHYSICIAN'S NA			5	1	22e ADDRESS	ICIAN DIRI	OAKWOOD	ROAD		20-8 Y 104
단 등 및 <u>록</u> —	22 6	UIRIAL CREMATION			122.	NIAME OF	CEMETERY OF CREM					

23d LOCATION 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN COUNTY STATE Burial Glen Haven Mem. Glen Burnie Md 24 FUNERAL DIRECTOR Singleton Funeral Home Glen Burnie, Md

IF UNDER 24 HRS

MD.

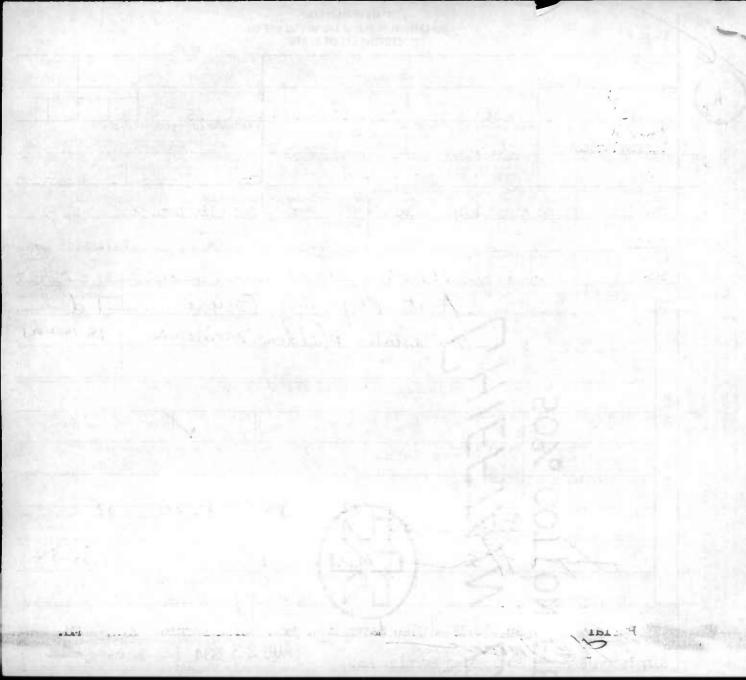
12b. KIND OF BUSINESS OR

Civil Service

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

15 month

STATE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

60	U	J	-	- 4

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	A	NDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYP)	HENRY	J.	GLAE	SER	SR.	August 6	1984	713 AM
3. SE		4. RACE	الكاتكان	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Whit	е	Apr	il 8, 1902	82 YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		
	Maryland	U. S	5.	WIDOWE	- 22	Anne Arun	ndel Co	MD.
10. C	ITY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND C	F BUSINESS OR
	Brooklyn	Home :	= 114		h Ave.	(TYPE OF WORK FOR MOST OF WORKING		oduce
USU	AL RESIDENCE (IF NURSING HOME O STATE 136 COU			ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
130.	20 7	.A.	Brookl		YES NO X	44	ve. 2	1225
14. F.	ATHER'S NAME	MIDDLE	LAST	11111	15. MOTHER'S MAIDEN NA		LA	
			Glaeser			dalen		Myers
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT	ADDRESS		
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	216-05	-710	6 Julia M. G	laeser (same as	13e)	
	18 CAUSE OF DEATH (Enter o	nly one couse per	line for (o) _a (b), on	d (c i.)	<i>+</i>		APPROX SETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0)	atheros	cleut	re cardiovos	velus decears		
			R AS A CONSEQUE	NCE OF	1	- 0		
	Conditions, if ony, which	((b)	will	lyp	resteusem,	angua and		
	gave rise to immediate couse (a), stating the	DUE TO OF	R AS A CONSEQUE	NCE OF	1-1-1-1	1 - 0		
	underlying couse lost.	(c)		nges	two heart !	Jackette		
_	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART I	o'Ca A
CERTIFICATION	Dialitomelite	, leval	potassien	~ we	Hong, guestate a	clinical farriga	nd author	Teballetin
CAI	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDI	
RTIF		De la				YES NO NO	YES 🗌	NO 🗆
	210. ACCIDENT WAS UNDERLYING (YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	18 PART I OR PART 2)	
WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	(R) P./		19				
VED	21d INJURY OCCURRED	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
-	WHILE NOT WHILE AT WORK				112 10	douth		
1	226.1 certify that (1)(this hosp	.71	deceased from_	QU!	113 19 10	to out of		that (1) (we) lost
	sow the deceased alwer a obove. (1) (we) (did) (did n	view the body	ofter deoth.			death occurred on the date and h		
	22b. SIGNATURE	0		11	PEGREE ATTENDING	MEDICAL _ STAFF _	22c. DATE	SIGNED
	Hem	an		N	PHYSICIAN [DIRECTOR PHYSICIAN	10/	1/84
	22d. PHYSICTAN'S NAME GTYPE	OR PRINT)			22e. ADDRESS	HOIGHTS AVE	R45 7	1229
	H. KUT	TV		34.7			1514 0	133
230	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	Aug.9,	1984 Ce	edar 1	Hill Cemetery	Brooklyn Pk.	A.A.Co.	,Maryland
	UNERAL DIRECTOR	4007 -	ADDRESS	D 3	759. DAT	IG 8 1984	Day door	Mandall-
	George J. Gonce	,4001 Ri	tchie Hg.	.,Bal	timore, Md. Al	0 304		
					/1//7			

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physicio TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral directle should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the

mbshbe fortied at once.

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	1 -	REGISTRAR				4211111	FICATE OF DEATH	REG. 1	NO.		ET
		CEASED NAME OR PRINT)	EDNA		MIDDLE	GREEN	HOLTZ	20 DATE OF DEATH AUGUST		1984	7.30
1	3. SE)	female		4. RACE whit	e	5 DATE O		6 AGE (IN YEARS LAST B		FUNDER LYEAR	IF UNDER 24 HOURS /
3		RTHPLACE (STATE OF	land	76. CITIZEN OF	· A .	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY ANNE A	OR COUNTY RUNDEL		7
54		GLEN BURN	IE	NORTH	H ARUNDEL	HOSP	OR OTHER INSTITUTION ITAL	170 USUAL OCCUPA (TYPE OF WORK FOR MOST housewife	OF WORKING LIFE		F BUSINESS
36	13a. S	Md.	136 COUN	VTY	13c. CITY OR TOW Pasaden	VN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 46 Johnson		2112	2
1		THER'S NAME George		MIDDLE T.	Danner		15. MOTHER'S MAIDEN NA	ME MIDDLE		Harrison	
medico		VAS DECEASED EVE		MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU	URITY NO.	George Stau		Woodla		1061 rt
ather troumatic even		Conditions, if on gove rise to in couse (a), stat underlying cous	nmediate ing the	DUE TO, C	OR AS A DINSEQUE	era	mellite	chm'u	th for	hory.	Elem
any injury, or ather troumatic even	CATION	gove rise to in couse (a), stat	onmediate ing the se lost	DUE TO, CO	OR AS A DINSEOU	DEATH BUT	NOT RELATED TO THE TERM LIFT WITS ON WAS PERFORMED	INAL DISEASE OR COL	NOITION GIVE	WERE HINDIN	IGS USED
i store any injury, or ather troumatic even	ERTIFICATION	gove rise to in couse (o), statunderlying couse	GNIFICANT C	DUE TO, CONDITIONS CONDITIONS CONDITIONS	OR AS A DINSEOU	DEATH BUT	left with	INAL DISEASE OR COIL Page 1 200 AUDDPSY2 YES NO	NOITION GIVE	WERE HINDING CAUSES	IGS USED
or frem 18 stores any injury, or other troumatic even	DICAL CERTIFICATION	gove rise to in couse (D), statunderlying couse PART 2 OTHER SIC	SNIFICANT OF ATION NOTICE OF DEAD COLOR OF	DUE TO, CONDITIONS CON	DR AS A DINSEQUENCE OF THE PROPERTY OF THE PRO	DEATH BUT	DN WASPERFORMED 216. HOW INJURY OCCUR!	SINAL DISEASE OR COL Page 200 AUDPSY? YES NO RED (ENTER NATURE OF IN)	NOITION GIVE 206. IF YES IN CERTIFY YES IURY IN 11EM 18 PA	WERE FIND IN GRAFT 21	NGS USED OF DEATH? NO
norked or flem 18 short any injury, or after froumatic even	MEDICAL CERTIFICATION	gove rise to in couse (o), stot underlying couse (o), stot underlying couse (o) and the couse of	ATION NDERLYING CAUSE OF DEAD COLAI EXAMINER RRED WHILE ORK	DUE TO, (c) CONDITIONS CO 19b. CONT 19b. CONT 21b. TIME HOUR A R) 21c. PLACE (ATHOME, S)	DR AS A DISEQUENCE OF INJURY A.M. MONTH D P.M. E OF INJURY ITREET, FACTORY, OFFICE,	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.]	21c HOW INJURY OCCURI	INAL DISEASE OR COL	206. IF YES IN CERTIFY YES	WERE FIND IN THE F	NGS USED OF DEATH! NO
If them 21 is morked or them 18 short any injury, or ather froumatic even $\left \frac{1}{2} \right = 1$		gove rise to in couse (o), stot underlying couse (o), stot underlying couse (o) and the couse of	ATION NOERLYING CAUSE OF DEA RRED WHILE OR I) (this hospi	DUE TO, CONDITIONS CON	OR AS A DISTOURN ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D.P.M. E OF INJURY ITREET, FACTORY, OFFICE, the deceosed from	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.]	21c. HOW INJURY OCCURION STREET 21f LOCATION STREET 19 19 10 Ind that in (my) (our) opinion DEGREE ATTENDING	INAL DISEASE OR COL 200 AUDOPSY? YES NO RED (ENTER NATURE OF IN) (ITY OR T) deoth occurred on the	20b. IF YES IN CERTIFY YES	WERE INDIANT 116 WERE INDIANT 116 WERE INDIANT 116 WERE INDIANT 116 WERE INDIANT 116 WERE INDIANT 116 WERE INDIANT 116 WERE INDIANT 116 WERE INDIANT 116 WERE INDIANT 116 WERE INDIANT 116 WERE INDIANT 116 WERE INDIANT 116	NGS USED OF DEATH! NO STAI
MPCREATING them 21 is morked or them 18 silon only injury, or other froumatic even	MEDICAL	gove rise to in couse (b), stot underlying couse (b), stot underlying couse (b). PART 2 OTHER SIC (c). 190. DATE OF OPER. 210. ACCIDENT WAS UI OR CONTRIBUTING (c). (IF ETIMER NOTHY MEI OF COUNTY	ATION NDERLYING CALES OF DEAD CONTROL EXAMINER RRED ORK ORK ORK ORK ORK ORK ORK OR	DUE TO, (c)	OR AS A DISEQUENCE OF INJURY A.M. MONTH D P.M. E OF INJURY TREET, FACTORY, OFFICE, the deceosed from y offer death, TERO, M.	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.]	21c HOW INJURY OCCURION STREET 21f LOCATION STREET 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN E 22e ADDRESS 786	INAL DISEASE OR COI PLAT 200 AUDOPSY? YES NO RED (ENTER NATURE OF INJ (ITY OR I	20b. IF YES IN CERTIFY YES INTERNITY OF THE MEDITAL TOWN	WERE FIND IN (ING CAUSES COUNTY ON THE TOTAL PART 2)	NGS USED OF DEATH! NO STAI

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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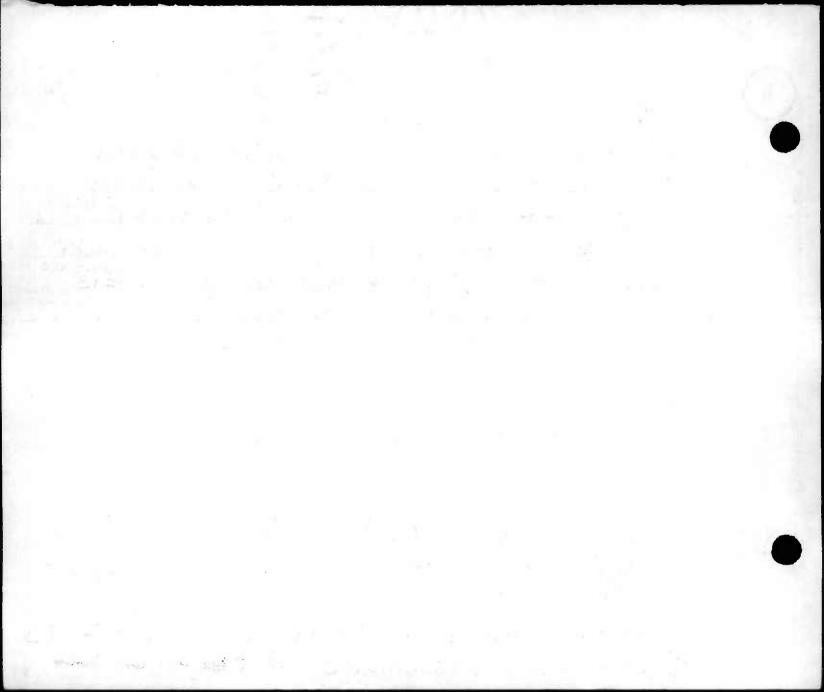
	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
		CEASED NAME THOSE CHARLES THOSE THOSE CONTRACTOR TO NO.	R		e / Sr.	20. DATE OF DEATH	MONTH DAY YE	Sam M
	1.5E)	Male	4. RACE	hite S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UT SER 24 MRS
1	1	OWNER	76 CITIZEN OF WHAT	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED	9 BALTIMORE CITY O	Arunde	H Co MD.
5	A	nnapolis	Anne Ar	TY, GIVE STREET ADDRESS)	neral Hospita	RETIPET	WORKING LIFE) INDUS	
5	lin S	TATE IN AME	NTY C	TY OR TOWN	13d. INSIDE CITY LIMITS? YES NO NOTHER'S MAIDEN NO	130 STREET ADDRESS	zip cope 2	1403 C Road
0	1	Philip	MIDDLE G	elber	Anna	ADDRE	Dubir	ski
	I Est. V	S DECEASED EVER IN U.S. AF ORUNKNOWN) (IF YES, GI	VE WAR OR DATES)	ocial security no. 8-01-0587-1	John R.	Greiber	Jr #	me as
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		Cerebra	(WFar	ction	BETW	PROXIMATE INTERVAL FEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate course 101, stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUENCE OF	viar INSC	of Frick NC		
,	NOI	PART 2 OTHER SIGNIFICANT		BUTING TO DEATH BUT	NOT RELATED TO THE TER/	minal disease or con	DITION GIVEN IN PAR	T 11a
?	CERTIFICATION	AUG 2, 1980	1 Cala	for which operation has u ca	NWAS PERFORMED V INSUFFICION	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAL YES	
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. A	MONTH DAY YEAR 19	21c. HOW INJURY OCCUP	RRED (ENTER MATURE OF INSU	RY IN HEM 18 PART I OR PAR	(2)
	MEC	white wol white		TORY, OFFICE, FARM ETC)	STREET	CITY OR TO	WN COUNT	Y STATE
		220.1 certify that (1) (this hasp sow the deceosed alive an abave, (1) (we) (did) (did no	aug 5,	19 5 9	d that in (my) (aur) apinion	death occurred on the de	ate and hour and Iram	, that (1) (we) last the causes stated
		Jach Ku	eshmen	140	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _ Zu	5584
		Jack	Kushne		20 Ridg	ely Ave-	ANNapoli	S,MV.
	C	URIAL, CREMATION, REMOVAL	1236. DATE Aug. 6,198		EMETERY OR CREMATORY	Brentw	ood P	J'M Z
	74 FL	NERAL DIRECTOR NAME LINEYA	Chapel-	Finna polis	AUL AUL	TE REC'D. BY REGISTRAN	256. REGISTRAR'S SIG	

laylor Funeral Chapel- Annapolis, MD

DHMH - 16 50M 4/B3

TO FUNERAL DIRECTOR ould be detoched for u iffs the State Dept. of He MPORTANT, If the

(VRA 15, 4)



ol director, page 3

and completely filled in by the

TO FUNERAL DIRECTOR, After this certificate hos been signed by the ottending physicion and cor should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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requires that the

PHYSICIAN:

retained by the haspital or attending physician

OR ATTENDING

TO HOSPITAL

BP.

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR								REG. NO	J.		
	CEASED NAME	ANDREW		ANT H	IANDSCH	AST -NJET	SR	20 DATE O	and the second	MONTH 3,	1984	525
3. SEX	X		4. RACE		S. DATE O	FBIRTH		6 AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER I YE	
	Male	7,7	Whi	ite	July		1890°	94		YRS	MONTHS DAY	S HOURS
C	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE D		MARRIED DI				OUNT!	Y
10 CT	TY OR TOWN OF	IIE	11. NAME OF I	HOSPITAL, NURSI	NG HOME O	R OTHER IN		(TYPE OF WOR	OCCUPATION FOR MOST OF			
130. S Ma.	ryland	13b. COUN	ITY	13t. CITY OR TOV	WN I	YES 🗌	CITY LIMITS?		ADDRESS / Third			2106
19. FA	THER'S NAME		MIDDLE	LAST		IS. MOTHER	FIRST	WE	WIDDLE			AST
	John			Handschul			ary				Gue	thle:
	VAS DECEASED E		MED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORM	TANT		ADDRE	SS		
	No	Non		215.07.	9173	Mrs.	Lena T.	. Trew	(Dau	ghter	c) Same	as 1
	18. CAUSE OF DE	EATH (Enter or	ly one couse per	line for (a), (b), or	nd icio						BETWEE	NONSET AND
	Conditions, if gave rise to couse (a), stunderlying co	ony, which immediate toting the	DUE TO, O	R AS A CONSEQUE		, ry	of the	The state of the s				
NOI	Conditions, if gove rise to cause (a), st underlying co	ony, which immediate toting the buse lost	DUE TO, O (c)	R AS A CONSEQU	JENCE OF		ED TO THE TERM	MINAL DISEAS	SE OR CONI	DITION GIV	VEN IN PART	lto:
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CAL CERTIFICATION	Conditions, if gove rise to couse (o), si underlying co	IMMEDIAT	DUE TO, O DUE TO, O (c) ONDITIONS CO 19b. COND 19b. COND THE HOUR A.	R AS A CONSEQUE	DEATH BUT	N WAS PERF	to	20a AUTO	OPSY?	20b. IF YE IN CERTI	S, WERE FINI FYING CAUS	DINGS USED ES OF DEAT
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DHMH - 16 50M 4/83 (VRA 15, 4)

Buria: Aug 6,1984 24 FUNERAL DIRECTO

Loudon Park Cemetery Baltimore
[250. Date REC'D. BY REGISTRAR]

Singleton Funeral Home, Glen Burnie, MD

altimore Maryland
By REGISTRAR 256 REGISTRAR'S SIGNATURE
7 1984 Julia Davidson R-North AUG

WALKER TO THE WORK OF THE PARTY AUG 7 1984 Thomas - French

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

should be detached for use as the buriot-transference may be seen signed by the attending physician and completely filled in by the funeral director, page which he stocked for use as the buriot-transferent. Then please remove carbompopers. Pages I and 2 should be filed within 72 hours after dear with he stocked begin of the buriot, from the buriot, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYDISHE

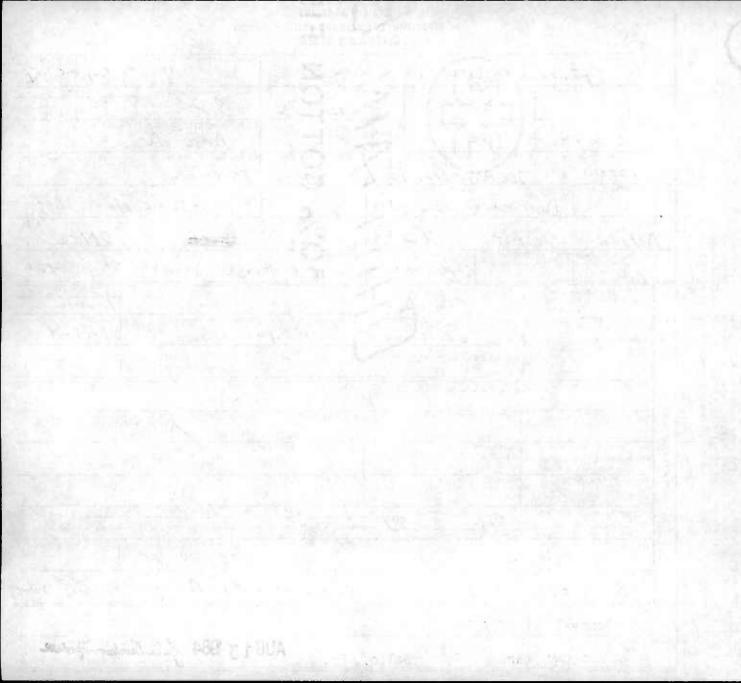
1	STATE REGISTRAR	DET ART	CERTIFICATE OF DEATH	REG. NO.	
	EORPRINT) CATHE.	Zive WILLO	x NAZRIS	20 DATE OF DEATH MONTH	7 84 0805AA
3 SE	×	1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
	COUNTRY DESCEN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	NTY OF DEATH
A	MARCHI	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 706 AMENICANA		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK H	126 KIND OF BUSINESS OR INDUSTRY
13a S	Wy /	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JUNTY 13c. CITY OR TOV	WE ADMISSION) 13d. INSIDE CITY LIMITS? YES NO	112- STREET ADDRESS	1403 CANA Da Apt
1	1	MIDDLE WITCH	111/46	MIDDLE	ROKSE
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 544-34	4-9639 MARY C. 1	BIFFU Frink	in St. Annyolis
	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), a SED BY: ATE CAUSE (a) ZAAA17	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ///
	Canditions, if any, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF JENCE OF DEATH BUT NOT RELATED TO THE TER		192M
CERTIFICATION	190 DATE OF OPERATION		h operation was performed	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
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	saw the deceosed alive o abave, (I) (we) (did) (did r	pital) attended the deceased fram. in		n deoth occurred on the date and	, 19, that (I) (we) los hour and fram the couses stated
	22b. SIGNATURE	uni MI)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN	224. DATE SIGNED
	R. BIER	U M.D			USE un 1177
	BURIAL, CREMATION, REMOVA (SPECIFY) Remova 1	8/7/84 236. DATE	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
24 FU	UNERAL DIRECTOR Anatomy	Board	Balto., Md.	JG 1 3 1984 Par Julia	Davidson-Kandall

Balto., Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

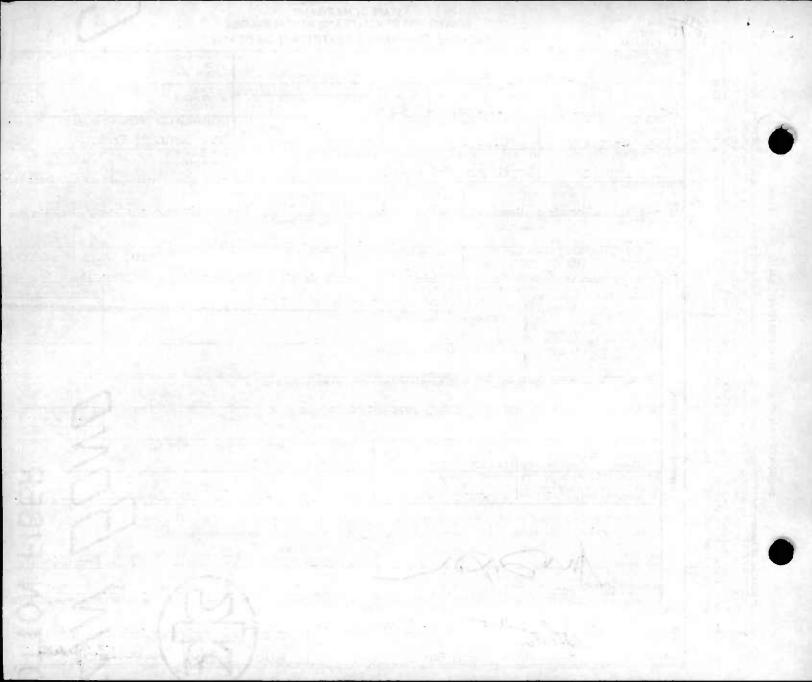
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retained by the hospital or attending physician.



	TATE OF MARYLAND OF HEALTH AND MENTAL	HYGIENE
	INER'S CERTIFICATE	
MIDDLE	LAST	2a. D.A

124		OR			PEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	U) die "1	
		TATE		MEI	DICAL EXAMIN	ER'S	CERTIFICATE O	F DEATH	REG. NO.		
T		EASED NAME	FIRST		MIDDLE		LAST	20. DATE KN	OWN X NWO	NIH DAY YEAR	26 HOUR
	(TYPE	ORPRINI)	JEFFE	REY Don	ald	н	ARRISON	OF E DEATH MA	ATED AUC	J, .5 19 84	
3	SEX	4. RAC		5. DATE OF BIRTH	6 AGE (IN YE.	ARS IF UI	DER 1 YR. IF UNDER		HOM		24 HOUR 6:08
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1		rth Carol:	ina	U.S.A			VED DIVORC	ED Anne A	rundel	County	MD.
		Y OR TOWN OF DE.		11. NAME OF HOS	PITAL, NURSING HOME	, OR OTH	IER INSTITUTION	12a. USUAL OCCUPAT	ION (TYPE OF WO	ORK 125 KIND OF BUS	SINESS
		len Burnie		North Ar	undel Hosp.			Machine Me			
	JSUA 3a. ST		IRSING HOME OR		TE RESIDENCE BEFORE ADMISSIN	ON)	113d. INSIDE CITY CIMITS?	13e. STREET ADDRESS			
		ryland		Arundel	Glen Burni	le		7918 Allar	d Ct.Ar	ot.103 210	61
F	4. FA	THER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDE	N NAME MIDDL	E	LAST	
l		James	N.		Harrison,	Sr.	Ella	Sus		Manning	
1		AS DECEASED EVER	LIF YES, GIVE W	(AR OR DATES)	166. SOCIAL SECURIT	Y NO.	17. INFORMANT	-	ADDRESS 104	West Hil	l Top
L	Ye	5	1960-	1962	216/36/767	73	Mrs. L. Jo	oann Harris	on Bal	lto.,Md 21:	225
Ī		18 CAUSE OF DEA	TH (Enter only		for (o), (b), ond (c).)					APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
ŀ		PART I DEATH V		CAUSE (o) G	unshot wour	nd of	head (har	ndgun)			
Ь				DUE TO, OR	AS A CONSEQUENCE	OF				7.55	
ı		Conditions, if		(b)							
1		couse (o) stating		DUE TO, OR	AS A CONSEQUENCE	OF					
l				(c)							
ı		PART 2 OTHER SIGNIFICAL	IT CONDITIONS C	ONTRIBUTING TO DEATH	OUT NOT RELATED TO THE TERM	HNAL DISEAS	E OR CONDITION GIVEN IN PAI	RT I (a).			
1	6										
1	MEDICAL CERTIFICATION	190 DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OPER	ATION V	/AS PERFORMED?			HEAD ON YES K	AT.Y
	RTIF	21e EXTERNAL CAU	RE WAS	21b. TIME OF		Tab					NO 🗌
1	LCE	UNIDEDIVING X	OB	HOUR A.M	MONTH DAY YEAR	3		D LENTER HATURE OF INJURY	IN ITEM 18 PART TO	OR PART 2)	
1	ICA	CONTRIBUTING 2			8-5- 1984		lf-inflicte	ed.			
ı	MED	WHILE AT WORK AT V	WHILE X	STREET, FACT	ORY, FARM, ETC.)		STREET	CITY OR TOWN		COUNTY	STATE
l		AT WORK AT V	VORK	hou	se	Hea	18 Allard (Ct.,Glen Bu	rnie,Ar	ne Arunde.	I,Ma.
ı		22a I certify that	I took charge	of the remains des	cribed obove, held on	Autor	d only sy X, Inspection	n . Inquiry .	, ond in m	у оріпіоп	
ı		death resulted from	n: Noture	ol couses .	Accident , Su	icide X	, Homicide .	Undetermined monne	er .		
ı											
		ACTUAL	4. 00	7.7	9.		TITLE (SPECIFY)		0	ATE O C O A	
Ł		ACTUAL SIGNATURE	m	DX	S	^		MEDICAL EXAMINE	ER SH	ATE 8-6-84	
ŧ		EXAMINER'S PAME	fur.	DIV.	S.	^	Assistant			STATE OF	1
1		EXAMINER'S MANE (TYPE OR PRINT)		J. Dixon,			Absistant ADDRESS 111 I	Penn St., B		STATE OF	L
2		EXAMINER'S IMME (TYPE OR PRINT)	REMOVAL 23	b. DATE	23c. NAME OF CE	METERY C	ADDRESS 111 I	Penn St., B	alto.,	Md. 21203	
	3a.BU	EXAMINER'S MANE (TYPE OR PRINT)	REMOVAL 23		23c. NAME OF CE	METERY C	ADDRESS 111 I DR CREMATORY C CEMETERY	Penn St., B	alto.,	Md. 21202	
-	3a.BL (SI	EXAMINER'S (TYPE OR PRINT) RIAL, CREMATION, I ECIFY) Burial	REMOVAL 23	Aug. 9, 198	23c. NAME OF CE	metery o	ADDRESS 111 I DR CREMATORY C CEMETERY	Penn St., B	alto., e A.A.	Md. 21202	ATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

with the State Dept. or reconnicting mental ringglene prior to botton, cremotion, or removal.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event, the medical exami

Rust be notified of on

3	FOR FOR STATE REGISTRAR	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	U	0	S.	1

1. DECEASED NAME FIRST (TYPE OR PRINT)		CERTIFICATE OF DEATH	REG. NO.	
	MIDOLE	LASY	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
AGNES	BELL	HARTGE	AUGUST 12. 1	984 //: AM
3. SEX	4 RACE	5. DATE OF BIRTH .	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
FEMALE	CAUCASIAN	JAN. 25. 1905	7.9 YRS.	MONTHS DAYS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	2Y? 8.	9 BALTIMORE CITY OR COUNT	Y OF DEATH
COUNTRY)	1100	MARRIED NEVER MARRIED		
MARYLAND 10, CITY OR TOWN OF DEATH	USA	SING HOME OR OTHER INSTITUTION	ANNE ARUNDE	12b. KIND OF BUSINESS OR
HARWOOD	(IF NOT IN SUCH FACILITY, GIVE STR	D ROAD	(TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME O			. 7	1032
MARYLAND ANNE		WNSVII, MED NO K	136. STREET ADDRESS 2 1526 ST. STE	
14. FATHER'S NAME	ARONDEL CRO	15 MOTHER'S MAIDEN NA		PHENS CHURCH
FIRST	MIDQLE LAST	FIRST	WIODLE	LAST
CHARLES	W. JONE	S ALICE	C .	WELLS
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	
NO	213-74	-4024 DOROTHY H.	BOEHM (SAM)	E AS13E)
	nly one couse per line for (o), 1b),		BOBIN (BRIN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM		VEN IN PART I (0) S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	10 10 10 10 10			ES NO
OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19 1711 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
220.1 certify the 12 this hosp	Somm	m 19 78, and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN P	city or town to Staff MEDICAL STAFF DIRECTOR PHYSICIAN	
220.1 certify the 10 this hosp sow the deceased alive or above. (1) we) (did) (did not be above. (1) we) (did) (did) (did not be abo	oti Jew the body ofter death. Samar. 23b. DATE 23b. DATE	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the date and ha	, 19 tho (1) we) lost ur and from the causes stated
220. I certify the 11 this hosp sow the deceased older or above. (1) we) (did) (did not 22b. SIGNATURE 22d AHYSICIAN'S NAME (TYPEA (SPECIFY) Burial	Serving Sanar. 23b. DATE 23b. DATE 23c. pitched the deceosed from the place of t	DEGREE ATTENDING PHYSICIAN 22e ADDRESS AS 205 Ride	death occurred on the date and had the d	22c. DATE SIGNED 8/13/84 WAPOLIS MD COUNTY STATE
220. I certify the 1D this hosp sow the deceased olye or obove. (I) we) (did) (did no 22b. SIGNATURE 22d. AHYSICIAN'S NAME (TYPE. (SPECIFY)	Seman PRINT: Samar PRINT: Samar 19 23b. DATE 08-15-84 Q	DEGREE ATTENDING PHYSICIAN PAS POS PLOCE REARM, ETC.) DEGREE ATTENDING PHYSICIAN PHYSICIAN REARM OF CEMETERY OF CREMATORY RUAKER BURYING Green	death occurred on the date and had the d	22c. DATE SIGNED 213 18 4 WAPOLIS. MD COUNTY A.A. Md.

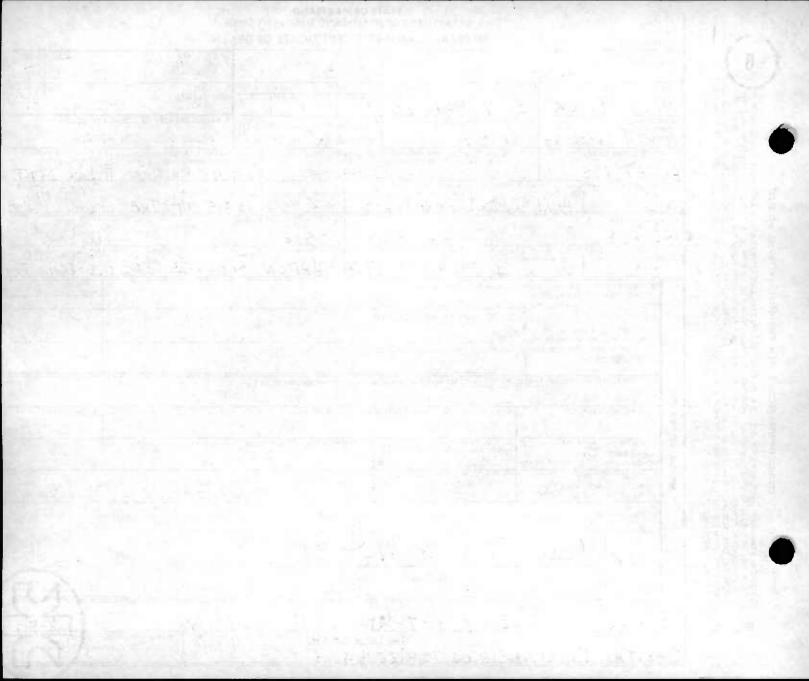
DHMH - 16 50M 4/82 (VRA 15, 4)

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etained by the hospital ar ottending physician.

20M 4/82

STATE OF MARYLAND



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral disshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 has with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. medico nn to show controllury, or other troumotic event, the eroined by the hospital or attending physician. IMPORTANT: If them 21 is morke

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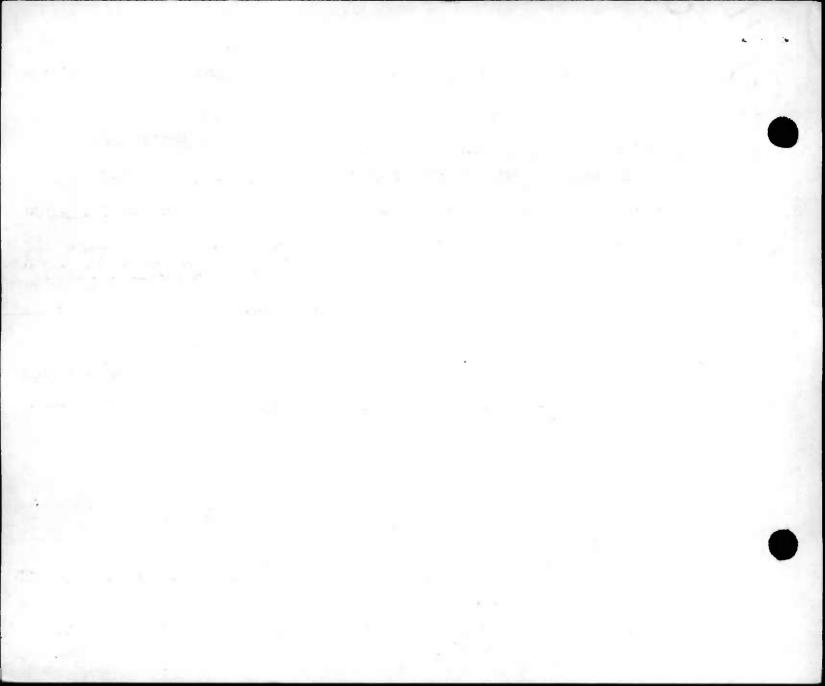
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	CERTIFICATE OF DEATH	REG. 1	١٥.			131	J.L
Νŧ	LAST	20 DATE OF DEATH	HTHOM	DAY	YEAR	26 HOU	R
ith I	HENRY	AUGUST	08	, 19	84	1058	PM
•	5 DATE OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDE	RIYEAR	# UNDER	24 HR5
	May 7, 1892	92	YRS.	MONTHS	DAYS	HOURS	MIN.
IAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY ANNE A	_			Y	MD
	G HOME OR OTHER INSTITUTION ADDRESS HOSPITAL	170 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWIFE		IFE) IND	KIND O USTRY VN H	F BUSINE	SSOR
E RESIDENCE REFORE	ADAMIC CIONIS						

	,	FOR			DEP		E OF MA EALTH A	RYLAND ND MENTAL HY	GIENE	an an	0	2	1	
١	1 -	STATE REGISTRAR				CERTIF	ICATE (OF DEATH		REG. NO			ED'	Γ
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1		GLEN BURNI			ARUNI	STREET ADDRESS)			House	FOR MOST OF				JOR
		AL RESIDENCE (IF NURSI	13h COUNT		GIVE RESIDENCE	BEFORE ADMISSION) TOWN	13d. INSI	DE CITY LIMITS?	13e.STREET A	ADDRESS /	ZIP CODE			
		aryland	AnneA	rundel	Linth	.Heights			108 S	outh F	Iomewo	od Rd.	210	90
	14 FA	THER'S NAME FIRST	MI	DDIE	LAS	ī	15 MOT	HER'S MAIDEN N	AME	MIDDLE		IA:	ST	
		James	S.		Smit		11 0 150	Oilivia	С		· C	Tub		
		VAS DECEASED EVER ES, NO OR UNKNOWN) NO		WAR OR DATES)		SECURITY NO. 4/5343		John D.		1732 Appa	Broa	dlee-E	poing	For
		18 CAUSE OF DEATH	LEnter only	000000000000000000000000000000000000000	-		I'IL.	OOMI D.	Picit CIII	TUDE	100113	-	MATE INTERV.	Al
		PART I DEATH W	AS CAUSED IMMEDIATE	BY.	. 9 3	da - ch	-1	112 to	٨,	also	15	BETWEEN	ONSET AND D	AIH
			IWWEDIATE	,	P AS A CONS	EOUENCE OF			7			-		
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		underlying couse	last	((c)	10 he	ma	os.)a 06	de	in	a	b/00	des	1
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1	CERTIFICATION	THE DATE OF GLEAN	,,,,,	The conf		THE TENANT		ENTONNED	YES 🖂	моП		ING CAUSES		2)
Н	CERT	210. ACCIDENT WAS UND	ERLYING	216. TIME O			ZIc HO	W INJURY OCCU						
		OR CONTRIBUTING		HOUR A.	M. MONTH M	DAY YEAR								
	MEDICAL	21d INJURY OCCURR		21e PLACE		FFICE FARM ETC.)	21f LOC	ATION		CITY OR TOW	'N	COUNTY	STA	ATE.
Ì	2	WHILE NOT WH	ILE .	(AT HOME STA	EET, FACTORY, O	FFICE PARM EIC)						-01		
		22a I certify that (I)		I) ottended th	e deceosed f	0//	3	. 19	. 10	7	, 1	9 8 7.	that (I) {we	,
1		sow the decease attacks th over id	id [did not]		after death			(my) (our) opinior	n deoth occurre	d on the dot	e ond hour			ed
		11/4	enda	100	(1 m	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI		8 P	P. 8 S	
٦		THE PHYSICIAN'S MA	ME THE ON	amiti		0	22e AD	DRESS 6	05 BALT	IMORE-	-ANNAF	OLIS I	OULEV	ARD
		MISTAE	A.C. O	Z. M.D				SEVERNA	PARK.	MARYL	AND 2	1146		
	23a B	URIAL, CREMATION,	REMOVAL	236 DATE				OR CREMATORY	CITY	TION OR TOWN		COUNTY	STA	ITE.
	_	Burial		Aug.11	,1984	Loudon :	Park	Cemetery	Balti	more	City		Mary	land

Singleton Funeral Home Glen Burnie, Md.

AUG 1 0 1984 Chia Landson Randelle



the attending physician and completely filled in by the funeral dir remove carbon papers. Pages 1 and 2 should be filed within 72 hou

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CERTIFICATION

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TO FUNERAL DIRECTOR: After this certificate has been

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IMPORTANT: If Hem 21 is

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HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IF LINDER 2.1

- STATE REGISTRAR	,	CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME (TYPE OR PRINT)	ge Larch	HERRMANN	20 DATE OF DEATH MONTH DA	3 87
SEX M	1. RACE White	5. DATE OF BIRTH	69 YRS.	FUNDER 14E
Ca. BIRTHPLACE (STATE OR FOREIGN COUNTRY) C.	76. CITIZEN OF WHAT COUNTRY?	MARRIED M NEVER MARRIED WIDOWED DIVORCED	ANNE ARUN	DEL
ANNA POlis	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) ANNE HRUNDE	ADDRESS) L GEN. HOSP.	120. USUAL OCCUPATION (1YPFO) WORKEOR MOST OF WORKING LIFE)	126. KINE INDUST
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b CON MARY AND	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NITY		13e.STREET ADDRESS / ZIP CODE	No. C
FATHER'S NAME JOHN	MIDDLE HERRIAGI	nn A lethe	MIDDLE	AR
60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 220~42~	1.0	Herrmann S	SAM
PART 1. DEATH WAS CAUSI	nly one cause per line for (a), (b), and ED BY: TE CAUSE (a)	0 1 1	never	BETWE
Conditions if now which	DUE TO, OR AS A CONSEQUE	ENCE OF Careland Le	memberes	4

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

DUE TO, OR AS A CONSEQUENCE OF

(c)

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

P.M 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

COUNTY CITY OR TOWN

NOF

22a.1 certify that (1) (this haspital) attended the deceased from 2 B bodylafter death sow the deceased alive on above, (I) (we) (did) (did not) view the and that in (my) total) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE 17/ DATE SIGNED

DEGREE MEDICAL ATTENDING

STAFF DIRECTOR PHYSICIAN 22e ADDRESS

23d LOCATION

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

gove rise to immediate couse (o), stating

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

21d INJURY OCCURRED

underlying cause

23b. DATE

IN CERTIFYING CAUSES OF DEATH?

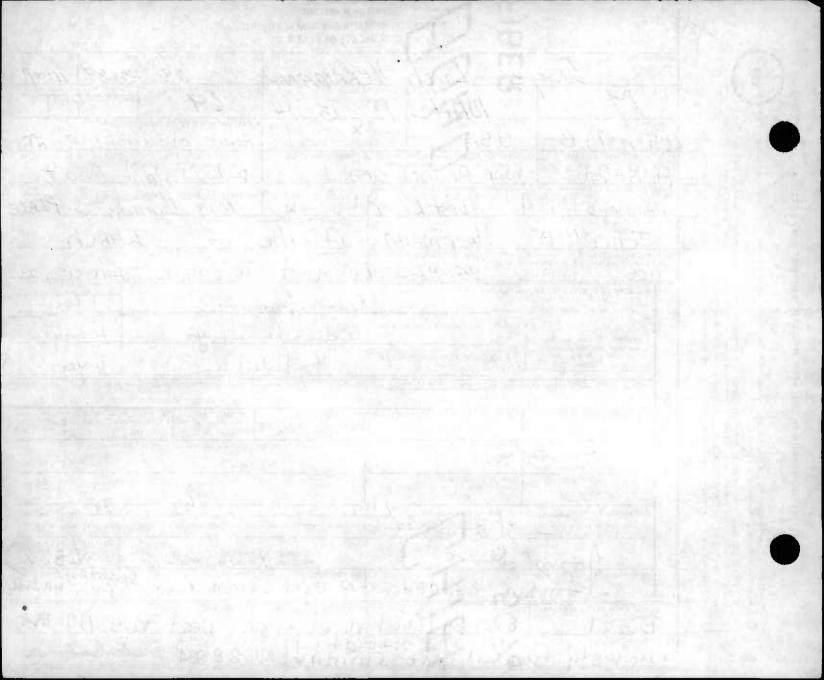
YES []

NO []

STATE

DHMH - 16 50M 4/83

(VRA 15, 4)



S. SEX Male CAU S. DATE OF BIRTH Main 30 ON 1887 970	ie.		REGISTRAR CEASED NAME FIRST E OR PRINT) Johan	WIDDLE	CERTIFICATE OF DEATH LAST HOSman		MONTH DAY YEAR 26 HC
To BIRTHPLACE (STATE OF LORIGON P. CITIZEN OF WHAT COUNTRY) CONTROL OF DEATH COUNTRY COUNTY OF DEATH COUNTRY COUNTY OF DEATH COUNTRY COUNTY OF DEATH COUNTRY COUNTY OF DEATH COUNTY OF DEATH COUNTY OF DEATH COUNTRY COUNTY OF DEATH COUN	other dea	3, 58	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UND
18 CHY OR TOWN OF DEATH 13 NAME OF HOSPITAL, NURSING HOME ROTHER INSTITUTION 12 USUAL OCCUPATION 15 KIND OF BUSIN 15 KIND OF BUSIN 17	1 once				? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEATH
Supplied to the control of the contr	led wifting	10 (TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	ING HOME OR OTHER INSTITUTION	12g USUAL OCCUPATION	ON 126 KIND OF BUSIN
If FATHER'S NAME FIRST MIDDLE LAST M	ould be	130. M	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR ANN	e Arundel Oder	nton -	130 SIREET ADDRESS 1301 Damas	scus St., Odento
18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).) 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).) 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).) 19 CONDITION CHRISTIAN COUNTY	nd 2 sh	14. F	FIRST		15. MOTHER'S MAIDEN	MIDDLE	LAST
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (Poges 1		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRE	ss 1301 Da
OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBU	Then please rel to buriol, crem njury, or other	NO	gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	UENCE OF		DITION GIVEN IN PART 1(0)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED Not white ALWORK NOT WHITE ALWORK 22d. I certify the (1) (this hospital) ottended the deceosed from 14 AUG 19 A	ene prior ows ony	TIFICATI	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \(\Backsless \) NO \(\Backsless \)
WHILE NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 20.1 certify thet-(1) (this hospital) attended the deceased from 14 AUG 19.84, to 14 Aug 19.84, that (I) sow the deceased alive on 14 Aug 19.84, and that in (my) (our) opinion death occurred on the date and hour and from the causes so above, (I)/(well (did), fild act) view the body after death. 210. DATE SIGNET	Mentol Hyg	416	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH [DAY YEAR 19	JRRED (ENTER NATURE OF INJUR	Y IN ITEM TB, PART T OR PART 2)
Sow the deceded alive on 17 Aug. Sow the deceded alive on 17 Aug. Sow the deceded alive on 17 Aug. On 19 Open on 19 Open on death occurred on the date and hour and from the causes so obove. [I] well (Idia) fild on 19 Open on 19	se as the	WE	WHILE NOT WHILE AT WORK 22a.l certify that (1) (this hosp	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET 14 AUG 19 8	4 . to 14 Aug	, 19_ <u>\$4</u> , that (I)
	of 21		obove, (Ullwel (did), did be 22b SIGNATURE 22d PHYSICIAN STAME TITLE	view the body ofter deoth.	ATTENDING PHYSICIAN	MEDICAL STAF	220. DATE SIGNED
Burial B/16/84 Meadowridge Cem HowardCo N		230.	Rafa BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	29. DATE 236	NAME OF CEMETERY OR CREMATOR Meadowridge Ce	y 23d. LOCATION CITY OR TOWN	Gospital, Ft. Meado

						14.
And the state of t	servey and read					
miles training and			779		April 1	
					1.5	
AND STATE OF						
Temporal Description of the State of the Sta						
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THE STATE OF STREET						
Allthough and the second to the			7.005			

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

and completely

I.O. FLINERAL DIRECTOR: After this certificate has been signed by the offending physicion and calling the detached for use as the buriol-transf permit. Then please remove carbon popers. Pages with the finite Dept. of Health and Mental Hygene prior to buriol, cremation, or removal.

affending physicion

TO HOSPITAL

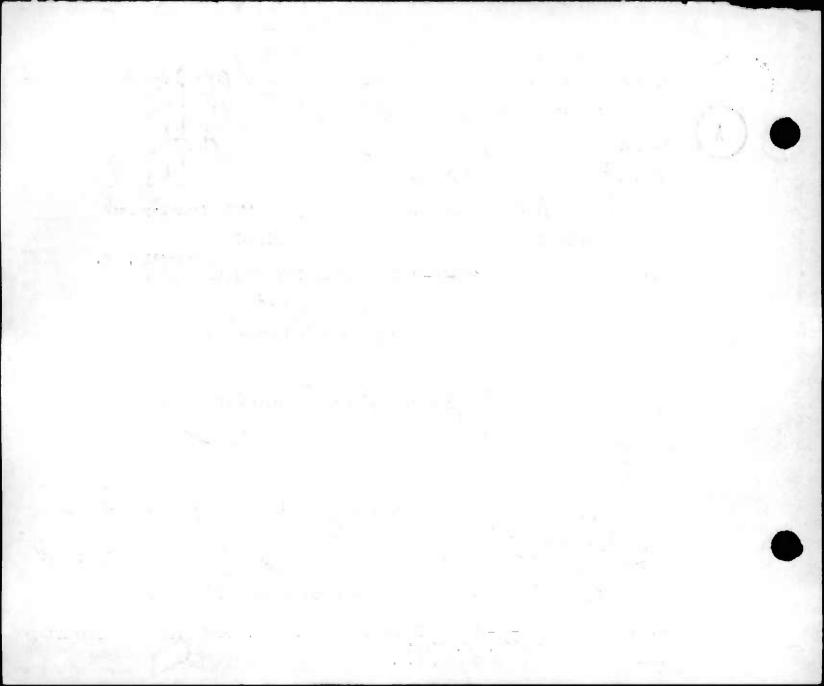
STATE OF MADVI AND

	SIAIL OF W	MALLAND	
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICAT	E OF DEATH	

6.4	Ú	0	C	Ü

1.	FOR STATE REGISTRAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 0
	CEASED NAME FIRST	WIDDLE	AST	26 DATE OF DEATH MONTH	DAY FEAR 26 HOUR
	40MM, LOUIS	E HO	MM	08.22.	84 0435
3 SE		4 RACE 5. DATE C		6 AGE (IN YEARS (AST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	+ emale	CAUC "O"	7 82 89	95 YRS	MONTHS DATS HOURS MIN
	IRTHPLACE (STATE OR FOREIGN COUNTRY) ERMANY	76 CITIZEN OF WHAT COUNTRY? 8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN	TY OF DEATH
10 C	ANNA DEATH	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FAGILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126. KIND OF BUSINESS O
USU. 13a S	AL RESIDENCE (IF NURSING HOME OR STATE)	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 134 CALTY OF TOWN ANNAPOLIS	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CO 1152 River Bay	DE Road 21 401
14. FA	ATHER'S NAME FIRST UNKNOW	MDDLE LAST	15 MOTHER'S MAIDEN NAME EIRST UN	KN OWN MIDDLE	LAST
16a V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECURITY NO 162-20-5962	17 INFORMANT CROWNSVILLE	Crownsvil. HOSPITAL CENTER	•
	PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and (c).) D BY: (E CAUSE (a).	so arrei	t	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	ve & Chr	onie CHF	
NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT	Bram S	INAL DISEASE OR CONDITION OF	OVEN IN PART I TO
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION OF OR WHICH OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
.04	7)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN 17EM 1	8 PART I OR PART ?}
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	226.1 certify tha (1) (this haspi	V 1/1/1/	nd that in (my) (our) opinion in	to	, 19 tho (1) (we) loo aur and from the causes stated
	PL SIGNATURE	alenta vo.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	08/22/SY
	MICHAEL J.	Caknis un	703 GIDDIA	IGS AVE ANN	A 21401
	BURIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
-	RIAL UNERAL DIRECTOR Ann	8-24-84 WILLIAM apolis, Md. 21401	The second of th	MI PITTSBURG	PENNSYLVI
	ILLTAM REESE &	SONS MORTUARY, P.A.		JUG 2 2 1984 Ju	his Davidson-Randall

DHMH - 16 50M 4/83 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director. should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled within 72 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical exc

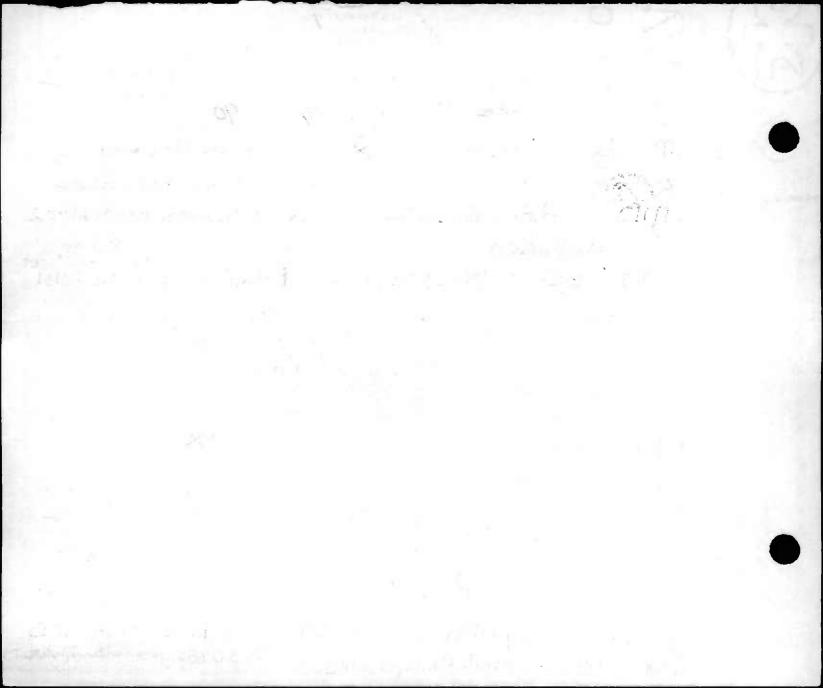
IMPORTANT: If Hem 21 is marked or Item 18 shows any

STATE OF MARYLAND

ı	FOR STATE		T OF HEALTH AND MENTAL HY	SHENE "	
1	REGISTRAR	C	ERTIFICATE OF DEATH	REG. NO.	
J	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	AY YEAR 2h HOUR
1	Beule	ah Foster	Hunt	8/2	8/84 905 A
4	3 SEX	A RACE (1) DITE 5.	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	Ferrale		6/01/94 YEAR	90 YRS M	ONTHS DAYS HOURS MIN.
7	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED WHEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	Michigan	USA W	IDOWED DIVORCED	Anne Flrun	del Co. MD.
ž	10 CITY OR TOWN O DEATH	11. NAME OF HOSPITAL, NURSING H		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
	HNNAPOLIS	ANNE ARUNDEL GE	neral Hospital	Homemaker	Home
	130 STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	1
4	IIID I H	Honapoli	S YES NO		oad-21402
A	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	(AST
4	Unkn	own	(NIC IT INFORMANIT	ADDRESS 2 (A.)	Garr
١	(160 WAS DECEASED EVER IN U.S. AR/	MED FORCES? 166. SOCIAL SECURITY	NO. IT INFORMANT	11. + 0 5000	rd her street
	140 315-	012-04-23	Dilloper L	Hunt-Honapall	3 1110 21401
	18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED		ictor au	, +	BETWEEN ONSET AND DEATH
	IMMEDIAT	E CAUSE (o)	1 0 7 0000		
ı		DUE TO, OR AS A CONSEQUENC	Edfin John S	Len intant	
1	Conditions, if any, which gove rise to immediate	(b) 100FA 51 A	0 1 0	7000	
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENC	Present Co	nce	
1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEA	THE REPORT OF THE TERM	MINAL DISEASE OF CONDITION GIVE	N IN PART Ito
		FIAC	70	WINNE DISEASE ON CONDINON ONE	ANT ANT TO
9	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPE	ERATION WAS PERFORMED		WERE FINDINGS USED
	FI			YES NO YES	ING CAUSES OF DEATH?
g	210 ACCIDENT WAS UNDERLYING	LUGUE AND MONTH DAY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TO PAI	RELOR PART 2)
4	OR CONTRIBUTING CAUSE OF DEA	III	19		
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY	211 LOCATION	CITY OR JOWN	COUNTY STATE
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFICE PARM.	doe of	1 dis	010
ı	220-1 certify that (I) (this hospit	tal) attended the deceased from	8 10 19 19		9 (, tho (1) e) lost
	sow the deceased alive on obove (1) we) (did) (did no	Tiview the body of the death.	, and that in (my) (aur) opinion	death occurred on the date and hour	and from the causes stated
1	236 AIGNATURE	1	DEGREE		22 ATE SIGNED
j	1 Vings	X. OU whav	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	8/28/19
	224 PHYSICIAN'S NAME (TYPE)	REPRINT)	MA TARES INDI	NGS ANB ANN	(Ago a MD)
-	230. BURIAL, CREMATION, REMOVAL	236. DATE 236. NAM	AE OF CEMETERY OR CREMATORY	123d LOCATION	77000
	PECIFY) THE TOTAL REMOVAL	Du 291984 1	dor Hidl	CITY OR YOWN	PMG MIN
	24 FUNERAL DIRECTOR	may a 1, 10 + 1 C	250. DA	TE REC'D BY REGISTRAR 256. REGISTR	ARSSIGNATURE
-	Taylor Funeral	Chapple Flance	lim Eilan	AUG 3 0 1984 guha	Davidson Mandelle
- 1		-1-0			

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the hospital ar ottending physician.



TO FUNERAL DIRECTOR. After this centificate has been signed by the attending physician and completely filled in by the funeral direct shall be detached for use as the busidisticant permit. Then please remove carbanapapers. Fages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Attend Hygerie price to busid, cremation, as removal.

executed within 24 hours after death. Page

STATE	OF	MARYLAND
JIMIL	VI	MINKILAIV

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ***

1	REGISTRAR		CERTIFICATE OF DE	:ATH	REG. NO			
	CEASED NAME FIRST	MIDDLE	LAST	2a. I	DATE OF DEATH	AONTH DAY	YEAR 26	HOUR
(TYPE	Traffor	d NMN	Jackson	0/7	8	29-84	/ 3	30 AM
3. SE		Black	5. DATE OF BIRTH	YEAR 6. A	GE (IN YEARS LAST BIRTI	YRS.		URS MIN.
	RTHPLACE ISTATE OR FOREIGN	16. CITIZEN OF WHAT COUNTR	Y? 8.	APPLED 9 B	ALTIMORE CITY OF	COUNTY OF DE	ATH	
1 4 4	lavuland	US.		DRCED A	NNEAV	undel	Co.	MD.
	ITY OR WWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OF OTHER INSTI	TUTION 120.	USUAL OCCUPATION	WORKING HEET IN	KIND OF BU	ISINESS OR
CV	rownsville	Fairfield Arun	1	enter	Planto	P. S	scho	02
	AL RESIDENCE 11 NURSING HOME OF	NTY 13c. CITY OR TO	ORE ADMISSION) OWN 134 INSIDE CIT		STREET ADDRESS	EIP CODE	21	401
14. F/	ATHER'S NAME			MAIDEN NAME				141
	Trassad	MIDDLE IDCKCA	wish m	A4916	WIDU	MINIER	LAST	1.1.SON
	WAS DECEASED EVER IN U.S. AF		CURITY NO. 17. INFORMAN	1 1 5	ADDRES	S	AIKI	1750LK
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 214-12	-8629 ARNA	5 Buf	tord	10 CL	BYS	1 -
	18. CAUSE OF DEATH (Enter of	nly one cause per line for a), (b),	ond scale	-	.00		APPROXIMATE BETWEEN ONSE	INTERVAL I AND DEATH
	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (a)	cilion due to	desor	ic elle	asy	4-4	my
	CONTRACTOR OF THE PARTY OF THE	DUE TO, OR AS A CONSEC	UENCE OF	41	1		, 0	
1	Canditions, if any, which	(1b) Par	(wsousm	my h de,	ventra		6 W	ng
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF			TEXT I	0	
	underlying cause last.	(c)						
2	PART OTHER SIGNISICANT	CONDITIONS CONTAIBUTING T	O DEATH BUT NOT RELATED	O THE TERMINAL	DISEASE OR COND	ITION GIVEN IN	PART Ira	
5	rapeles	wellitus,	meumonilis	/		les it was 1.750	FRIBAIGA	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	H OPERATION WAS PERFOR	MED 2	00 AUTOPSY?	20b. IF YES, WER IN CERTIFYING	CAUSES OF I	DEATH?
E	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	11. HOW IN		ES NO	YES 🗌		0 🗆
10.75	OR CONTRIBUTING CAUSE OF DE	110110 1 11 11011711		ORT OCCURRED	(ENTER NATURE OF INJUR	FINITEM IS PART TO	PARI 2J	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 714 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211. LOCATIO	N				
¥		(AT HOME, STREET, FACTORY, OFFICE			CITY OR TOV	/N CC	VINIY	STATE
	NOT WHILE AT WORK	treet arranged the decreased from	Dec. 12	10 78	· Qua:	79 10 8	4 100	(I) (we) lost
	sow the deceased alive or	n 2000 19	57.7	our opinion death	occurred on he do	te and hour and		
	above, (1) (and notice) (did notice)	at) view the bridy after death.	DEGREE			12	C. DATE SIGN	NED .
	V Laurday V	V Kini			EDICAL STAF		29 au	084
1	22d. PHYSICIAN'S NAME TYPE	OR PRINT)	22e. ADDRESS		RECTOR PHYSIC	AIT		7
	Charles W. Kir		16 Mur	ray Ave.	, Annapol:	is, MD 2	1401	
23a	BURIAL, CREMATION, REMOVAL	236. DATE 1994 23	NAME OF CEMETERY OR C		3d. LOCATION	Cour	ity	STATE 3

DHMH - 16 50M 4/83

MPORTANT, If hem 21 is marked as

24 FUNERAL DIRECTOR
CENAME HICKS

TO HOSPITAL OR ATTENDING PHYSICIAN, The

(VRA 15, 4)

SEP 5 1984 Live Lord Andres

The second secon was a seller of the sell was the seller of the seller to seller HOLE TE ANNUAL & SCHOOL BILL TERRIFORD SCHOOL DONALL OR BROWNER OF THE STATE ARTHUR

deoth. Page 4 may be

executed within 24 hours after

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					LAN	

1-	FOR STATE			DEP		HEALTH AND MENTAL HY		, U O	3	3
	REGISTRAR						REG. N			
	OR PRINTI	FIRST	^	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY		2h HOUR
11116	I)EL	ORE	ES	B.	JEF	FORUS	8-	10-8	4	600 AM
3. SE	X	4	RACE	, 1		OF BIRTH	6. AGE (IN YEARS LAST BE		UNDER 1 YEAR	IF UNDER 24 HRS
-	Fema	le	Wih	rte	12	10 8 8	95.	YRS	VIHS BAYS	HOURS MIN.
	RTHPLACE (STATEORE	OREIGN 71	. CITIZEN OF	WHAT COUN		П., итига ваиса П.	9 BALTIMORE CITY	R COUNTY O	FDEATH	
(Texas		u	S.	WIDOW		ANNE	AR	UNd	e MD.
10 CI	TY OR TOWN OF DEA	TH 1	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESS OR
	rownsvil			ield	Nursing	g Home	Housew:	ife	-	
U5U/	AL RESIDENCE (IF NURS	136 COUNT	THER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION	A 194 INICIDE CITY HAVITCO	112 CTREET ADDRESS	/ 710 CODE	2	1032
	ryland	A.			nsville	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	field	Loop	Rd.
-	THER'S NAME					15. MOTHER'S MAIDEN NA	ME			
	unkn		DDLE	LAS	12	FIRST	unknown		LAST	
Ióa V	VAS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDR	ESS		21061
(1	YES, NO OR UNKNOWN)	(# YES, GIVE Y	WAR OR DATES)	NTO	~	Marria Coo	7005	[allPi		
_	No			No		Marie Geo	rge 7095.	GTTET		
	PART I. DE ATH W	H (Enter only	one couse per	line for (0), (bigand icid	4			BETWEENO	MATE INTERVAL
	Tractic Derait	IMMEDIATE		ener	oral -	armoon	2		111	ech
			DUE TO O	D 45 4 604	CEONENICE OF					
	Candidan 1	111	1000 10,01	K AS A CON	SEQUENCE OF	. 10			10-6	10ann
	Conditions, if any,		(p)_	MAN	WHAT M	renous			7	eur l
	couse (0), statin	g the	DUE TO, OF	R AS A CON	SEQUENCE OF				_ ′	
	underlying couse	lost.	((c)							
	PART 2 OTHER SIGN	VIFICANT CO		ONTRIBUTING	G TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
Z			2	me	2	THE PROPERTY OF THE PERTY		0111011 01121	, , , , , , , , ,	
E E	19a, DATE OF OPERAT	IAOLI	Tial covin	TIONICODA	ALLICH OBERATIO	DALLWAS BEREORMED	20g AUTOPSY?	Tank IE VEC V	VERE FINDIN	CCLICED
CERTIFICATION	190. DATE OF OPERA	IION	TYB CONDI	HON FOR W	VIICH OPERATIO	ON WAS PERFORMED	200 AUTOPST:	IN CERTIFYIT	VG CAUSES	OF DEATH?
T							YES NO	YES [NO 🗆
8	21a. ACCIDENT WAS UND	Lupal	216. TIME O		DAY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	I OR PART 2)	
¥	OR CONTRIBUTING			M. MONTH	H DAY YEAR					
MEDICAL	(IF EITHER, NOTIFY MEDIC		21e PLACE (19	211 LOCATION				
MEC					OFFICE, FARM, ETC.)	STREET	CITY OR TO)WN	COUNTY	STATE
	AT WORK AT WO	RK L				1/ 2/	,	/	011	
	220.1 certify that (I)	(this heapite	l) attended the	e deceased t	from	1/2 19/6	, to8/	10 . 19	07,1	hot (li (we) lost
	sow the decease	ed alive on_	8	18	1984.0	no that in (my) (aut) opinion	death occurred on the d	ate and hour a	nd from the c	auses stated
	above, (I) (we) (c	did) (did not)	view the body	alter death.	79	DEGREE			77E DATES	ACT ALIE DE
	118. SIGNATURE	h	0	//	//.	ATTENDING	. MEDICAL STA	cc	O V	6/011
	1/4.11	1, INC	June	Mila	m, m	D PHYSICIAN	DIRECTOR PHYSI		0/1	184
	224 PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e ADDRESS		0	1	1
	m	/1.	. 11	10		3718 Marca	La Add	1/An	die	md-
	1110	- 61 bl	9111	7		THOU THE WAY	Tarre (10)	Vovsi	cuui,	
23a. 8	BURIAL, CREMATION,	REMOVAL	236. DATE	0.4		CEMETERY OR CREMATORY	ry Catons		970-1+	O. HAIR Md
	Cremati	on	8-11	-84	Westv	iew Cremato	ry catons	ATTIE	(Balt	.U. / , Mu

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

retained by the hospital or attending physician.

injury, ar ather troumotic event, the

IMPORTANT: If them 21 is marked ar them 18 shaws ony

Raymond C. Fink

24 FUNERAL DIRECTOR

Glen Burnie, Md.

250. DATE REC'D. BY REGISTRAN 256, REGISTRAN 3 SIGNATURANDO

A STATE OF S

Elizabaras G. Et . speciali

Series Let Le Living and Let Living and Let Living and Let Living and Let Living and Let Living and Let Living

Crownoville Felxciel duncant Bone Houseville

riori Cucynaville LA Cucynaville LOSA Paimifeld . Cop C.

unincwn

Mone lanke George 7005 Rall Siner Ot.

COL

Creston lies Tearvier Cressony Catchaville (Talto), If

Estadoi C Mini Glen Burnie, 1d.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea

retained by the haspital or attending physician.

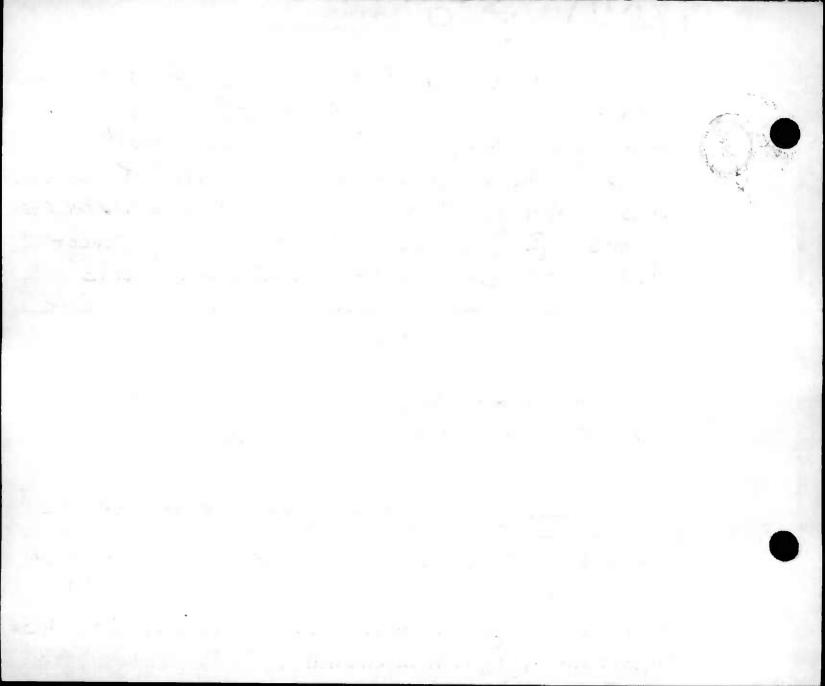
BP. DHMH - 16 50M 4/83

(VRA 15, 4)

oge 4 may be

STATE OF MARYLAND

10	- STATE REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	(NMM) J	OINES	20 DATE OF DEATH MONT	14 84 8 36 M
3.	MO P RACE	Unite 5. DATE	OF BIRTH	6. AGE LIN YEARS LAST BIRTHDAY	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS
9000	BIRTHPLACE (STATE OFFOREIGN 76 CITIZE COUNTRY)	S. A WIDO		P BALTIMORE CITY OR CO	rundel MD
55	Annapolis Ann		eral Hospital	120 USUAL OCCUPATION LTYPE OF WORK FOR MOST OF YOR RETIFEC	IXING LIFE) 126 KIND OF BUSINESS OR IDDUSTRY IVE SERVICE
35	SUAL RESIDENCE (IF NURSING HOME OR OTHER INST 10. STATE	TUTION GIVE RESIDENCE BEFORE ADMISSION TO COMMENTE OF TOWN	YES NO EX		CODE ROAD 2140
\$20	FATHER'S NAME FIRST ANDLE	Joines	15. MOTHER'S MAIDEN NA	MIDDIE	Fender
ne medical	MAS DECEASED EVER IN U.S. ARMED FOR (14) NO ORANKNOWN) [IF YES, GIVE WAR OR D	214-05-168	GussieL.	Joines.	Same as
event, #	18 CAUSE OF DEATH (Enter only one coup PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	Cardica	arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 NOU Y
r ather traumati	Conditions, if ony, which gave rise to immediate	TO, OR AS A CONSEQUENCE OF (b) NOT TO, OR AS A CONSEQUENCE OF (c)	Kuowa		
y injury, a	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH B	18kg		IF YES, WERE FINDINGS USED
hows on	7-11-84 A	bd. Anerery	Ster		CERTIFYING CAUSES OF DEATH? YES NO NO
-1 //	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL FXAMINER)	TIME OF INJURY UR A.M. MONTH DAY YEA P.M. 1	AR .	CENTER NATURE OF INJURY IN I	IEM IB PARI I OXPARI 2)
orked or	AT WORK	PLACE OF INJURY OME STREET, FACTORY, OFFICE, FARM, ETC.)		CITY OR TOWN	COUNTY STATE
m 21 is m	22a certify that (I) (this haspital) attention saw the deceased alive an above, (I) (worldish (ed.) view the	8-7 19 34	and that in (my) (and) apinian DEGREE	death accurred on the date a	nd hour and from the causes stated 22c DATE SIGNED
NT. If Rea	22h. SIGNATURE ACEL C. HOL 72d PHYSICIAN'S NAME (TYPE OR PRINT)	Iselena	10 A A ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	@ 11/01/
IMPORTANT: IF	1/0 - 1/	e Hu H	16 Max	ray Aus. 1	unagol!s
_ [BURIAL, CREMATION, REMOVAL 23b. D.	9.17.1984 H	Icrest	Anna pal	d'in A.A el
4/83	Toylor Funeral C	bapel-Hinnap	olis, MU AU	IG 1 6 1984	Lie Davidson-Rondall



old be filed within 72 h filled in by the fune

STATE OF MARYLAND	10	
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE	Est
LACT		0.4

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STATE

A.A.

FOR STATE REGISTRAR	DEPARTA	AENT OF HEALTH	AND MENTAL HY	REG. NO.	0 0 "	FDT	
1. DECEASED NAME FIRST	WIDDLE	ŁAST		20. DATE OF DEATH MONTH	DAY YEAR 2	26 HOUR	
(TYPE OR PRINT) ANNA	В	JONES		AUGUST 27	1984	0715 PM	
3 SEX	4 RACE	5. DATE OF BIRT		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS	
Female	White	12	5 1897	86 YRS	MONTHS DAYS	HOURS MIN.	
70. BIRTHPLACE (STATE OR EOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY OR COUNT	OF DEATH		
Maryland	U.S.A.	MARRIED NEVER MARRIED ANNE ARUNDEL (
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF	BUSINESSOR	
GLEN BURNIE	NORTH ARUNDEL	HOSPITAL	,	Homemaker			
USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO			ISIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE			
Maryland A	.A. Glen Bu	rnie YES	□ NO x	2 Binkey Road	21061		
14 FATHER'S NAME EIRST	MIDDLE LAST		OTHER'S MAIDEN NA	MIDDLE	LAST		
Andrew	Eisenba		Martha		O'Too	·le	
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU	RITY NO. 17 IN	FORMANT	ADDRESS			
(YES NO OR UNKNOWN) (IF YES, (212-56-	4736 Ch.	arles E. P	eddicord 2110 As	ton St.	21223	
18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), and	d_(c+.)			BETWEEN OF	ATE INTERVAL NSET AND DEATH	
PART I. DEATH WAS CAU	SED BY: ATE CAUSE (0) Casal	ac	arrest		feu	v min	

18 CAUSE OF DEATH (Enter only o PART I, DEATH WAS CAUSED B' IMMEDIATE C	ne couse per line for (a), (b), and (c).) Y: AUSE (a) Casdiac associ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FLW-NULL
Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	
couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	

206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

22n I certify that (I) (this haspital) attended the deceased from that (I) (we) last and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

saw the deceased alive an above, (I) (we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE

STAFF ATTENDING **PHYSICIAN** 22e ADDRESS

23c NAME OF CEMETERY OR

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Buria1 8/31/84 Cedar Hill Cemetery Brooklyn Pk.

24 FUNERAL DIRECTOR

REGISTRAR 256 REGISTRAR SAIGHTAN URE 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave

DHMH - 16 50M 4/B3 (VRA 15, 4)

etained by the haspital ar

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove cortain with the State Dept of Meolth and Mental Hygiene prior to burial, cremation, or the

should be detached for use as the burial-transit permit. I with the State Dept, of Health and Mental Hygiene prior

ather troumotic

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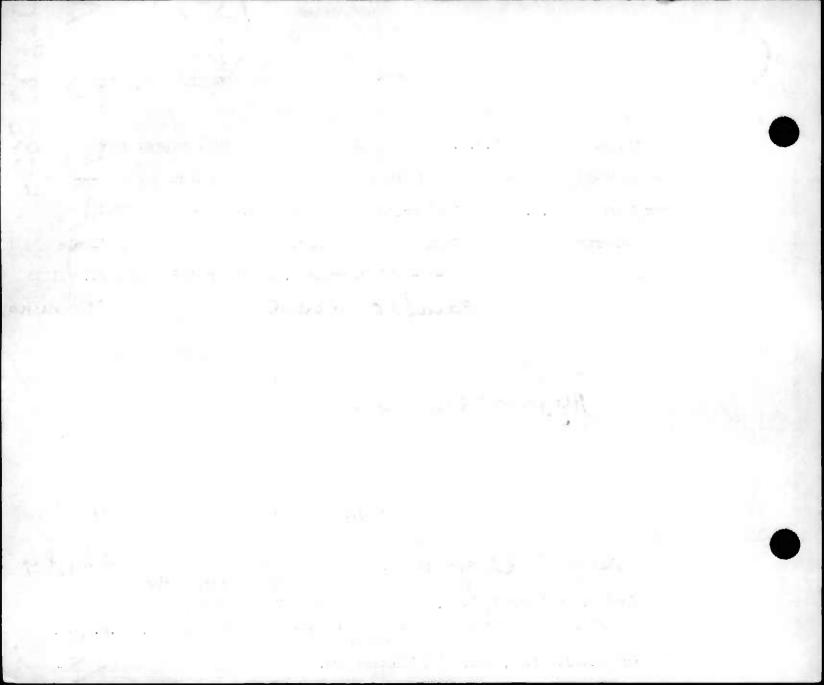
marked or them 18 shaws any

IMPORTANT: If Hem 21 is

CERTIFICATION

MEDICAL

NOT WHILE

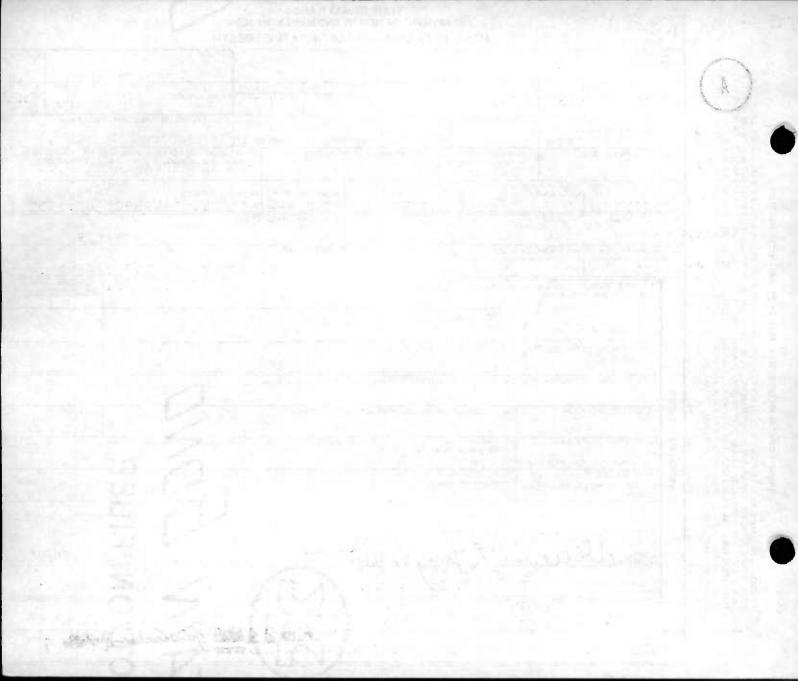


DHMH (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DE	0	NO	

		FOR STATE			EPARTMEN			-		TIL	0 0	J	9	
		REGISTRAR	e FIRST	MEL	PICAL EXA	WINEK. 2	CEKTIFI	CATE		K	EG. NO.			
		CEASED NAME E OR PRINT)			WIDDLE		LAST		2	OF EST	-	NTH DAY	YEAR	26 HOUR
			Barbar	a	Н.		Jones			DEATH MAT	ED 🗌		1984	M
Ш	3 SEX		4 RACE	5. DATE OF BIRTH	6. AC	GE (IN YEARS IF L	JNDER 1 YR.	IF UNDER		C. DATE	NOM	TH DAY	YEAR	24 HOUR
	FE	MALE	CAUCASIA	N 3-37-3	3 2 1	52 YRS MOI	NTHS DAYS	HOURS	MIN.	PRONOUNCED DEAD		8 10	1984	10:55
8	70 BII	RTHPLACE (SI	TATE OR	76 CITIZEN OF WH.	AT COUNTRY?	Te.	0.00	1/50 11 100		BALTIMORE	CITY OR CO	UNTY OF I	DEATH	10 11
Y	MA	SSACHU	USETTS		USA		RIED NE	DIVORO	_	Anne	Arund	el Co	inty	
2	II CI	TY OR TOWN	OF DEATH	11. NAME OF HOSP	PITAL NURSING				12 14	AL OCCUPATIO				
	V			(IF NOT IN SUCH FAC	ILITY, GIVE STREET A	DDRESS)		,,,,,,,		GR'AMME				
4		nnapoli		3 CONST	itutior				11110	O TO TOTAL	11 11 11	DEST	37.7	
1	13a. S1		No COUNT		13c. CITY OR TO		13d_INSIDE	CITY LIMITS?	13e STRE	ET ADDRESS		9	199	99
7	MI	SSOUR:			WINCH	ESTER	YES CX	NO 🗆	440	ST. L	AWREN	CE D	R. 6	3/011
2/	14 FA	ATHER'S NAME		WIDDIE	LAST			ER'S MAID	ENNAME	MIDDLE			LAST	
W	R	OBERT			HALL		MAR			MIDDEL		BAKE		
10	16a. V	VAS DECEASEI	D EVER IN U.S. ARM	NED FORCES?	166. SOCIAL S	ECURITY NO.	17. INFOR			AD	DRESS			
3	(48	es, no, or unkno NO	OWN) (IF YES, GIVE W	/AR OR DATES)	010 2	6 4016	DAV	TD C	SC	OTT SO	N 117	PAR	K DR	2
			E DE ATH (Enter only	y one couse per line f			DAV	ID O			, MAS	C I A	PPROXIMA1E	INTERVAL
24		PARTIDE	ATH WAS CAUSED	BY:		cerebra:	homo	rrhad		OSTON	, MAG	BETY	WEEN ONSET	AND DEATH
			IMMEDIATI	E CAUSE (o)			I Heno	LITTAGE	=					
1		6 100	7 1:1	DUE TO, OR A	AS A CONSEQU	JENCE OF						-		
			ns, if any, which se to immediate	(b)										
		couse (o) lying cou	stoting the <u>under-</u>	DUE TO, OR /	AS A CONSEQU	JENCE OF								
		lying cou	JSE 1051.	(c)										
ł		PART 2 OTHER SI	IGNIFICANT CONDITIONS C	ONTRIBUTING TO GEATH BE	UT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITIO	ON GIVEN IN P	ART 1 (a).					
	N													
7	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDIT	ION FOR WHIC	H OPERATION	WAS PERFO	RMED?				20. /	AUTOPSY?	
	SF												YES X	NO 🗆
67	ERT	21a. EXTERNA	AL CAUSE WAS	21b. TIME OF	INJURY	71c	HOW INJUR	YOCCURR	FD LENIERN	ATURE OF INJURY IN	ITEM 18 PART 1		TES 4	NO L
3	D	UNDERLYING	GOR	HOUR A.M.	MONTH DAY			· OCCORR	LD (1					
1	MEDICAL		NG CAUSE OF D		5 10 10 1501	19	06471011							
	9	21d INJURY C	DCCURRED		OF INJURY (AT I	HOME, ZII	OCATION STREET			CITY OR TOWN		COUNTY		STATE
	-	AT WORK	NOT WHILE AT WORK								7 1 5			
				e of the remains desc	ribed above he	ald on Auto	opsy X	Inspectio	, [Inquiry .	and in m	ny opinion		
				N /								y opinion		
		death result	Noture	ol couses A	Ascident	Suicide L		icide .	Undete	ermined monner	LJ,			
		ACTUAL	161,	Lot	A 0.)	7/1//	TITLE (SPECIFY)	nt		D	ATE	8/10/	181
-		SIGNATUR	cac	wa X	july	muy	A.D. AS	SIS La	MEDI	CAL EXAMINER		GNED	0/10/	04
2	1	EXAMINER'S	NAME	Dennis H	2 Crowyth	o M D		111	Donn	St. Ba	1+0 M	iD.		
		TYPE OR PRI		Delilits I	· Siny u	1, FI.D.	_ADDRESS_	111	reilli	ot. Da	100.,1	D.		
	23 a. Bl	URIAL, CREMA	TION, REMOVAL 23	b DATE	23c. NAME	OF CEMETERY	OR CREMAT	ORY		CATION		COUNTY	51	ATE _
	10	C'REM.	ATION	8-13-84	METRO	POLITI	AN CF			1 4 41 19 .			XAND	RIA
	24 FI	UNERAL DIREC	TOR					A	7	STAPLE	DE TRA	S VIII	IGM (N)	-A
	B	OBERT	E. EVAN	VS 12400 SS	WEST S	T. AND	JAPOL	IS. T	ID.	-0			A. Com	1



	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 heurs often death. False 4 may be retained by the haspital or attending physician.	. Polge 4 may be
10 FUNERAL DIRECTOR: At should be detached for use a with the State Dept. of Health	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely littled in by the funeral dan feer pages should be detached for use as the buriol-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filled within 72 haur all the state bept. of Health and Mental Hygene prior to burial, cremation, or removal.	of director, page 3

FOR

STATE OF MARYLAND	100
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE"
CERTIFICATE OF DEATH	

- 1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.
		CEASED NAME FIRST	WIDDIE	į.	AST		MONTH DAY YEAR 26 HOUR
1	TYPE	ORPRINT) Hele	in L.		ones		8 - 2-84 1039Pm
	3. SE)	remale	White	5. DATE C		6 AGE (IN YEARS LAST BIR)	MONTHS DAYS HOURS MIN.
26		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8		9 BALTIMORE CITY O	R COUNTY OF DEATH
37	MA	MYLAND	USA	WIDOWE	D NEVER MARRIED U	Anne ARIC	del County MD.
33		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE ANNE AVUNCE)	SING HOME C	PROTHER INSTITUTION	120 USUAL OCCUPATION TO THE POPULATION OF THE PO	
35		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEI NTY 134, CITY OR TO ANNA F	OWN.	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	zip cope 2040/
Zyoming 2		AURICE F.	MIDDLE ALTONIAST		PRUDENCE	WIDDIE]	LAMBRIGHT LAST
medicol	(1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE 223-26-		JOY BEHRING		EDARCLIFF DRIVE
event, the		APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH 5/5 24					
or other troumo		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC				
ınjury, o	ATION		STRNOS IS	HY PL	NOT RELATED TO THE TERMI	inal disease or cont	DITION GIVEN IN PART I (a
A out	CERTIFICAT	AUG (, 1984	CONDITION FOR WHI		N WAS PERFORMED	200 AUTOPSY?	20h IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES \(\text{VOLUME} \)
lem 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21c HOW INJURY OCCURR		
morked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFIC	CE_FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
21 15		sow the deceased alive on	ital) attended the deceased from	04	d that in (my) (our) opinion of	to FIVG	te and hour and from the couses stated
II. If Item		226. SIGNATURE	echner	l	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
MPORTANT: If Item	5	JACK K	USLNCY K	10	20 Rilgel	y ALLE - A,	Wapolis, MD
₹.		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	TOUT L'OUNTY A A AME
			ST 6 1984 MA				NSVILLE A.A. CO.

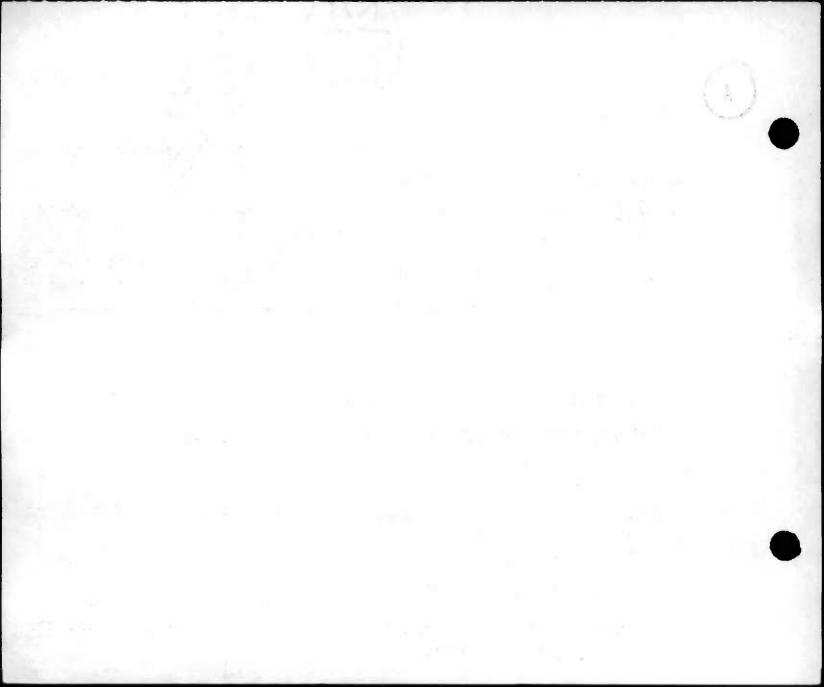
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
ROBERT E. EVANS

ANNAPOEIS, MARYLAND

250 DATE REC'D BY REGISTRAR 256 RECYSTRAY SKANIDRE

20



	_
MARYLAND 21201	
BALTIMORE,	
PRESTON ST.	
, 201 W	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21	

1		Items #13e, 14,	&15 film $#G594$ STAT	E OF MARYLAND	o n	5 5 8
	1.	FOR 8/23/84 mtb		HEALTH AND MENTAL HYGJE	NE .	0 0 0
		REGISTRAR	CERTIF	FICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		MARGAI	RET Noble	AIN	H4G.4	. 84 5:0/
	3. SE	- , 4.	RACE 5. DATE		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4	1	EMALE	White 08	17 01	82 YRS	
15		THPLACE (STATE OF FOREIGN 71	CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
19	P	ENNA.	U.S. WIDOW		ANNE HR	PUNCEL MO.
10	10. CI	Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
16	(X	Townsville !	Fairfield Arundo	1 Nursing Cate	Retired	Super Bookken
	USU		THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y L3(. CITY OR TOWN		3. STREET ADDRESS P. E. POO	
Some (1	nd Af	Annapolis	YES NO	32 2	+ //
21	14. EA	THER'S NAME	Himes	15. MOTHER'S MAIDEN NAME		1
- Xom	8	nank Buff	DIE TAST	Many Ja	ane Thoble	Doubten
	16a V	AS DECEASED EVER IN U.S. ARM	ED PORCES? 166 SOCIAL SECURITY NO.	17. INFORMANT	(ADRELS	Same as
	(1	ES, NO OR UNKNOWN) (IF YES, GIVE)	WAR OR DATES) 186-05-1015	Dr. Mangara	1 11	H13
		18 CALISE OF DEATH (Fater colu	one cause per line far (a), (b), and (c)	1 / 0/	· IV TIGETY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY: M	I resolution		Inmi
		IMMEDIATE	1	Ш		7 77 77 77 77 77 77 77 77 77 77 77 77 7
		Conditions, if any, which	DUE TO, OR AS ACONSEQUENCE OF	anther of	bear	n
		gave rise to immediate	(6)	111	1	4.
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	Mothun	Misse	1/2
ä		PART 2 OTHER SMENIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	AL DISEASO OR CONDITION O	GIVEN IN TAR!
, doi	Z O	Preus	von Conge	stive bent.	Anden 1	mourne -dd
uo o	ATI	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPE ATIO	ON WAS PERFORMED	20s AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
	CERTIFICATION				YES NOW IN CER	TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
50	S. S.	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURRE	D (FINTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
4	¥	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR			
	MEDICAL	214. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STRFET	- A A	COOMIT
			I) attended the deceased from	19.77	, to 8/1	
		saw the deceased flive on abave, (1) (ive) (did) (did nat)	10 10 10	nd that in (my) (gur) opinion de	oth occurred on the date and h	
		22b. SIGNATURE	wiew the oddy differ death.	DEGREE		22c. DATE SIGNED
. 1		Joseph 11	trum m	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	8/6/84
+		224 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	/ 1	10101
		Joseph	N. Friend	205 Kidge	14 Ave An	non. lis Wol
-	230 F	URIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	234 LOCATION	July 1
	1	DIEDICAL	0,0919811 9-11	ston	CITY OR TOWN	Negunia SIPA
	24 FL	NERAL DIRECTOR	may bridge I HELLIN	() 250. DATE	REC'D. BY REGISTRAR 256 REG	ISTRAR'S, SIGNATORE AND
83	la	vor Funeral	Chapel-Annapolis	JUA AUG	3 1 0 1984 Juna	Handson-Mandale
	₩	ALOU MILLIAN	CIMPEL MINIMPONS	11110		

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene prior ta burial, cremotion, ar removal.

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STATE OF MARYLAND

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0	1-	FOR - STATE REGISTRAR	DEPART		FICATE OF DEATH	REG. NO.			
~	1. DE	CEASED NAME FIRST	WIDDIE		LAST	20. DATE OF DEATH MO	NIH DAY	YEAR	2b HOUR
	(TYPE	RUTH	S,	KIL) WELL	AUG	12	. 84	905
	3 SE	x	4 RACE	5. DATE (6 AGE LIN YEARS LAST BIRTHDA	AY) IF U	HDER 1 YEAR	IF UNDER 24 HRS.
710		Female	CAUL	MONT	12 1897	37	YRS		HOURS MIN.
X		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF	DEATH	
6		ennsylvania	AMERICA	WIDOWI		ANNE	AR	UND	EL MD.
190		DGEW ATER	11. NAME OF HOSPITAL, NURSIN PLEASANT		OR OTHER INSTITUTION	Type of work for most of wo Housewife		26 KIND C NDUSTRY N/A	OF BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN Anne		VN_	13d. INSIDE CITY LIMITS YES NO	9 St. Andre	P CODE	rth	21146
- Mine	14. EA	ATHER'S NAME	MDDLE R. R. P. 1AST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAS	51
376		Eliphas	11964		Mary	Ann		House	er
medico		WAS DECEASED EVER IN U.S. AR YES, NO OF UNKNOWN) (IF YES, GIV	MED FORCES? THE SOGIAL SECTION OF DATES		George Kidwel	1909 Cole	brook lls, N	Dr.	
injury, ar other troumatic even		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	The couse per line for (o), (b), or (D BY: TE CAUSE (o) DUE TO, OR AS, A CONSEOU (b) DUE TO, OR AS A CONSEOU (c1	ENCE OF	e HEART F	ING			
nlony.	N N	PART 2. OTHER SIGNIFICANT (conditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ION GIVEN	N PART 1	0
Shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED		OL IF YES, W N CERTIFYIN YES	G CAUSES	NGS USED S OF DEATH?
or Hem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	A I II	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	HIEM 18 PART I	OR PART 2)	
is marked ar	MEDICAL	21d. INJURY OCCURRED WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
them 21 is mo		eaw the deceaned alive an	t vige the holy often death.	84.6	nd that in (my) (our) opinion (death occurred on the date	and hour on	d from the	that (I) (we) last couses stated
**		DE SIGNATURE	Jours	201	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	٧ 🗆	22c. DATE 8-1	2-1984
APORTANT		Con B. Low	re /		124 144 Washing	ton Rd. Edger	water,	Mary	yland

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

230 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

234 LOCATION
CHYORTOWN
Brentwood

250. DATE RECD. BY REGISTAR 255 (2002) WARRY 2 2nd

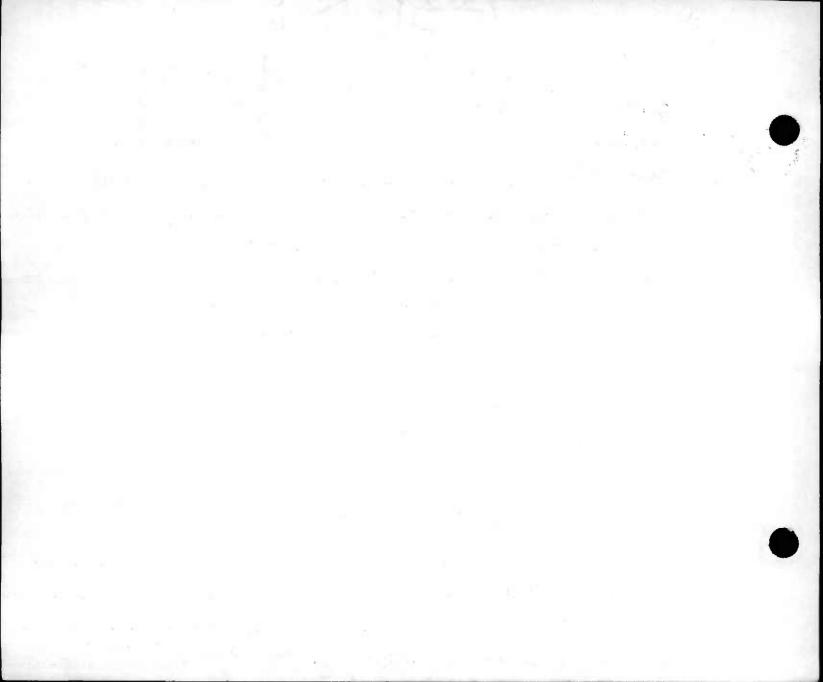
(SPECEY) Burial 8/15/84 Fort Lines
74 FUNERAL DIRECTOR GEORGE P. Ralas Funeral Home
NAME 6160 Oxon Hill Rd. Oxon Hill, Md.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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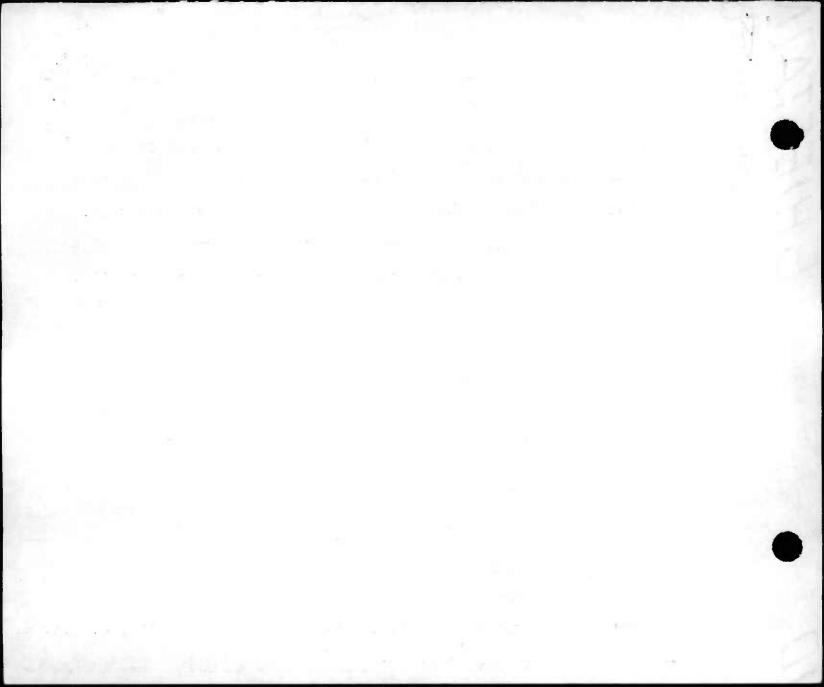
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director. should be detached for use as the burial-transit permit. Then please remove carbanappers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

311	1 -	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG		
		CEASED NAME FIRST	IAM D.	Kn	EITZER	REG. NO. 20 DATE OF DEATH MONTH O	84 PA. M
111	3. SE	M	4 RACE	5 DATE C	F BIRTH 22 116	68 yrs	FUNDER I YEAR FUNDER 24 HRS. ONTHS DAYS HOURS MIN.
3/2	V	RTHPLACE ISTATE OR FOREIGN COUNTRY) A.	U.S.A. 11. NAME OF HOSPITAL, NURS	WIDOWE		9 BALTIMORE CITY OR COUNTY Anne Arunde 176 USUAL OCCUPATION	
53	A	NNAPOLIS AL RESIDENCE LIF NURSING HOME OF	A CAMER INSTITUTION, GIVE RESIDENCE BEF	GET ADDITES!	PITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE mechanic	
D C	13a S	STATE 136 COUR		NWC	13d. INSIDE CITY LIMITS? YES NO TO TO TO TO THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE T	13e.Street Address / ZIP CODE Rockhold Cre	ek Rd.
E A		William VAS DECEASED EVER IN U.S. AR		itzer CURITYNO	Bessie 17 INFORMANT	Mae Address	Painter
he medic	(yes		2-2132	Vivian I.k	Kreitzer same	as 13e.
c event, 1		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), ED BY: TE CAUSE (a)	Hola	là freiles	-	BETWEEN ONSET AND DEATH
or other froumotic event, the medical		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEG	Ch	me olevbr	lesni	yeer
ony inlury, o	ATION	PART 2 OTHER SIGNIFICANTA	CONCEDENTIAL TO THE CONTRIBUTION OF WHICH	R		IN AL DISEASE OR CONDITION GIVE	WERE FINDINGS USED
S shows o	CERTIFICATION	71g. ACCIDENT WAS UNDERLYING		C. O EKA NO			ING CAUSES OF DEATH?
	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	211 LOCATION	ED (ENIER MATURE OF INJUST IN ITEM IS PA	KI (OR PART 2)
orked o	ME	WHILE NOT WHILE AT WORK	LAT HOME STREET FACTORY, OFFICE	12	STREET	CITY OR TOWN	COUNTY STATE
m 21 is m		saw the deceased alive on	ot) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1	, or	od that in (my) (our) opinion of	deoth occurred on the date and hou	y, mor (i) (we) iosi
MPORTANT: If Item 21 is morked or Item		274 PHYSICIAN'S NAME (TYPE O	1 Plans		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8/24/84
MPORT/		659	nann cutua		8 E. na	Gatron don	Mn 21146
		BURIAL, CREMATION, REMOVAL (SPEC#Y) Burial	8/27/84	Md.V.	A. Cemetery		
83		uneral director ardesty Funer	al Home Ann	idgely . Md.	21481 250. DAT	EREC'D. BY REGISTRAR 256 REGISTR	Mavidson-Randoll

DHMH - 16 50M 4/83 (VRA 15, 4)

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BP. **DHMH** - 17 (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE			EPARTMENT OF			-			in l		0	Sec.	J	
3		REGISTRAR		MED	ICAL EXAMIN	IER'S C		CATEC			REG	NO.				
		CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST		12	DATE OF	KNOWN ESTI-	۱ ک	HIMOM	DAY	YEAR	26 HOUR
			FREDER	RICK	L.	K	UKLA		1				8	26	1984	M
	3. SEX		4. RACE	DATE OF BIRTH	6. AGE (IN YE	ARS IF UN						-	HTMOM	DAY	YEAR	24 HOUR
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0			setts	U.S.A						Anne	Aru	nde	1 0	ount	v	MD.
7	10. CI	TY OR TOWN	OF DEATH			E, OR OTH	IER INSTITU	TION	12e USU.	AL OCCU	PATION	(TYPE O	FWORK	12b. KI	ND OF BU	SINESS
0	Т	aurel	1000			nshir	e Sout	th	Pr	int:	ing	Su	p.	US	Cus	toms
6	USUA	L RESIDENCE		OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	ION)			lia syne	ET ADDR						
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10				MIDDLE	LAST					A	AIDDLE			D	do	
3			_						1					DE	edo	
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	Y	es	1947-	1967	021-22-8	3408	Eva	A . K	икта	S	ame	as	#1			
		18 CAUSE O	F DEATH (Enter only	one cause per line f	or (a), (b), ond (c).)									BETY	PPROXIMATE	INTERVAL
		PARTIDE			ranio-cere	bral	traum	a								
	2	88	80	DUE TO, OR A	AS A CONSEQUENCE	OF										
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				DUE TO, OR A	S A CONSEQUENCE	OF										15.0
		lying cou	se 1051.	(c)												
d		PART 2 OTHER SI	GNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM	MINAL DISEAS	E OR CONDITIO	N GIVEN IN PA	ART 1 lol							
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	TE													,	YES 🔀	NO 🗌
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10		220 Leaster	hu that I tack charge			Auton	[X]	larmantin		la eu eu		and .		212122		
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7		Participal virtue		1/0			1-1-									
		(TYPE OR PRI	NAME Ann M	. Dixon,	M.D.		ADDRESS 1	.11 Pe	enn St	t., E	Balto	٠,	Md.	2:	1201	
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OR ATTENDING PHYSICIAN: The low requires that

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicion.

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF BEATH

REGISTRAF	3			CERTII	ICAIL OI	PLATII	REG	NO.				
L DECEASED NA	ME FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
(TYPE OR PRINT)	There	sa	н.	La	wler			8	11	84	10	ам
SEX		4 RACE		5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)		ERTYEAR	IF UNDER	
Femal	.e	Whit	е	"NTE	iy 2	1928	56	YRS		DAYS	HOURS	MIN,
BIRTHPLACE	(STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8.	ŽŽ		9 BALTIMORE CIT	OR COUN	TY OF D	EATH		
Pe	enna.	U.S.	Α.	MARRIE		MARRIED	Anne	Arunc	lel	Co.	,	MD.
O CITY OR TOW	N OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INS	MOITUTION	120 USUAL OCCUP	ATION	126	KINDO	F BUSIN	ESS OR
Glen Bur	nie		CHEACILITY, GIVE STREET, Sunnybrook	-	<i>7</i> e		Sales (lerk	(TAF) IN	Depa	Stm	ent
USUAL RESIDENCE	E (IF NURSING HOME O		130 CITY OR TOW		1134 INSIDE	CITY I IAA ITS?	13e STREET ADDRES	S / 7IP CC	DE (-52/	06	
MD.		, A,	Glen Bur	nie	YES 🗌	NO 🎇	1104 Su	nnybro	xx I	rive	4	
14 FATHER'S NAA		MIDDLE	LAST		15. MOTHER	S MAIDEN NAM	WE			LAS	T	
Mi	chael	MIDDLE	Owens	5		FIRST	Mode			143		
60 WAS DECEAS	SED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORM	ANT	AD	DRESS				
YES, NO OR UNK		SIVE WAR OR DATES)	191 22	6605	James	J. Law	aler - (sa	ne as	13e)			
	OF DEATH (F-t		a line for east the one	dia.			7			APPROXI BETWEEN	MATE INTE	RVAL
PART I.	DEATH WAS CAUS	ED BY:	r line far (a), (b), and	Ran	histo	y Fai.	lune			3	A ANI	DUCAIN
	IMMEDIA	ATE CAUSE (a)	House	700						0	200	2
		DUE TO, C	R AS A CONSEQUE	NCEOF	-c 0.	0 7	rancer		-0.13	/	1 07	16
Conditions	s, if any, which	(d)	mela	May	10 131	leas (anar			0	,,,,	
	to immediate					- 12		1	19.3			11/
underlying		DUE 10, C	OR AS A CONSEQUE	NCE OF								
		(c)_										
	HER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO S	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	DNDITION	SIVEN IN	PART To	0	
ō _												
S 190 DATE O	F OPERATION	19h CONE	OITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTOPSY?		YES, WER			
重							YES NOT		YES 🗌	CAUSES	NO [
0	NT WAS UNDERLYING	21b. TIME	OF INJURY	AY YEAR	21c HOW II	JURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM I	8 PART I O	R PART 2)	10	-
	JTING CAUSE OF D	EAIN	P.M.	19								
9	OCCURRED		OF INJURY	17	211 LOCAT	ON						
WHILE I	NOT WHILE		TREET, FACTORY, OFFICE, F	ARM, ETC }	STREE		CITY O	RIOWN	C	YIMUC		STATE
AT WORK	AT WORK							17		8-11		
22a.1 certif	y that (1) (this has	pital) attended t	he deceased fram_	9.1	5-)	19_6 /-	, to	-10	19	22.	that (I) ((we) lost
sow th	ne deceased alive a (I) (we) (did) (did)	on 6	valter death	X	nd that in (my) (our) opinion (deoth occurred on th	e date and h	our ond	from the	couses st	lated
22h SIGNA		Idi) view life bud	y oner deam.		DEGREE		-/		2	21. DATE	SIGNED)
134		Acr			MD	ATTENDING	MEDICAL S DIRECTOR PHY	TAFF		8-1	11-8	V
224 BLIVE	IAN'S NAME CITYPE	00 000000	-	-	22e ADDRE		DIRECTOR PHY	SICIAN		0.	10	7
228. FFT 510	1	C /	L.,		1/022		1:11- 01	C-/11	6.4	MI	21	0411
	LONG	3.17	34	UTA III	14900	1en/	ulls Rd,	Colum	וא	1.00	4	-47
23a BURIAL, CRE	MATION, REMOVA		4	NAME OF (EMETERY OR	CREMATORY	234. LOCATION					
Crecky	emation	8/13	/1984 We	estvi	Lew Me	m.Pk.	Balti	more,	Mary	land	1	STATE

DHMH - 16 50M 4/83

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked to the read store ony injury, or other traumatic event. The medical

24 FUNERAL DIRECTOR

Baltimore, Maryland

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.

(21,225)

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ATTENDING PHYSICIAN:

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640	40			

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(TYPE OR PRINT)						In DATE OF DEATH	8/7/	84	5:10 au
	4 R		asion	MONTH	DAY YEAR	4 AGE (IN YEARS LAST BIRT	YRS.	MONTHS DAYS	IF UNDER 74 HRS
MARYLANT		U.S	S.A.	WIDOWE	D DNORCED	Anne Arun	del		WD
Pasadena	8	351			DR OTHER INSTITUTION	126 USUAL OCCUPATION OF WORK FOR MOST O			OF BUSINESS OR
MD MD	136 COUNTY		136 CITY OR TOY	VŅ		13. STREET APDRESS 8351 Sai	1 Cir	cle ;	クリンス
73843	LEbherz	Ž 3	3rd LAST		Mary First B. B	utta MIDOLE		LAS	त
(YES, NO OR UNKNOWN)				.9038	REBERT W.	LEBHER Z	1	ame as	
18 CAUSE OF DEA PART I. DEATH V	WAS CAUSED BY	1			ry arrest				MATE INTERVAL ONSET AND DEATH
gove rise to im	mediate	(b)	Increase	d crar	nial pressure			5 da	ys
	-				ed neuroblasto	ma		34	months
	NIFICANT CON	IDITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 10	01
LA DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDING CAUSES	
OR COLUMN THIS	CAUSE OF DEATH	HOUR A.M	MONTH D	,,,,	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN HEM IB, F	PART I OR PART 2)	
	VHILE			FARM, ETC.)		CITY OR YOU	VN	COUNTY	STATE
saw the decea	sed alive an	8/6	19_	0.4	nd that in (my) (our) opinion (, to, death accurred on the de	ate and hou		that (I) (we) last causes stated
226. SIGNATURE	Robert W Lebherz, IV Wale Caucasion S Date of Brith Month O9/16/ Birthplace (State or Foreign Country) IV.S.A. Married Network of District One and the Country of Death Pasadena SUAL RESIDENCE (IF NURSING HOME OR OTHER MISTURION, ORE RESIDENCE BEFORE ADMISSION) STATE MD Anne Arunder Pasadena WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES) WAS DECEASED TO TOWN WAS DECEASED TO TOWN WHO DE TOWN TOWN WHO DECEASED TOWN TOWN WHO DECEASED TOWN TOWN WHO D			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE 8/7	SIGNED	
	IAME (TYPE OR PRIE	VI)	M		220 ADDRESS Pedia	tric Hemato	logy/	Oncolog	

TO FUNERAL DIRECTOR: After this certificate has been suit should be detached for use as the burial transit permit. Then print the State Dept. of Health and Mental Hygiene prior to be IMPORTANT: If Item 21 is marked or Item 18 shows

DHMH-16 25M (VRA 15, 4) 1/79

230 BURIAL, CREMATION, REMOVAL 236. DATE 131. NAME OF CEMETERY OR CREMATORY

GReene St.Balto. Md. 21201

STATE MD.

CREMATIO 24 FUNERAL DIRECTOR

(Elses with Lesear W Lesear (Same as 13)

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH 2h HOUR MIDDLE DECEASED NAME FIRST (TYPE OR PRINT) LINCK REGINA MARY AUGUS'I & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 5. DATE OF BIRTH 4. RACE 3. SEX MONTH March 26, 1917 Female White 67 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY DIVORCED WIDOWED Maryland 176 KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH LIVE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GLEN BURNIE Homemaker Own Home USUAL RESIDENCE (IF HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 113b. COUNTY 13d INSIDE CITY LIMITS? 330 Gatewater Ct. Apt. 103 21061 Anne ArundelGlen Burnie NO X Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE FIRST McNieve Anthony Manner Mary 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) Mr. Arthur F. Linck (Husband) 215/01/3335 Same as #13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the AS A CONSEQUENCE OF underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, FTC.) NOT WHILE 22a I certify that (I) (this hespital) attended the deceased from and that in (my) jour) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an obove, (1) (weight) (did not) view the ATTENDING DIRECTOR PHYSICIAN 77n ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) ELLIOTT GORBATY. 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION 23a BURIAL, CREMATION, REMOVAL SHAM CITY OR TOWN COMMO Aug. 22, 1984 Glen Haven Mem. Prk. Glen Burnie Burial

DHMH - 16 50M 4/83

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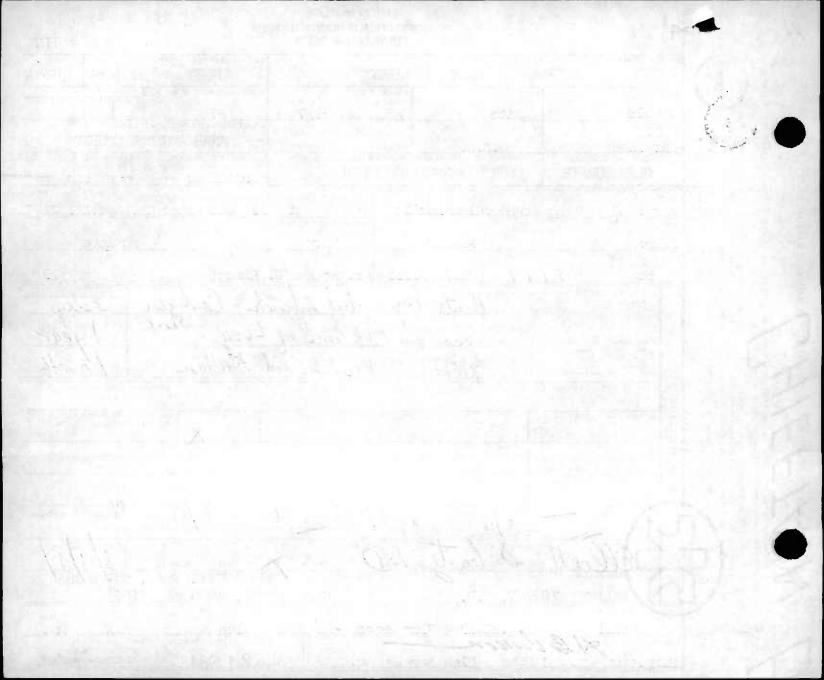
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Singleton Funeral Home (VRA 15, 4)

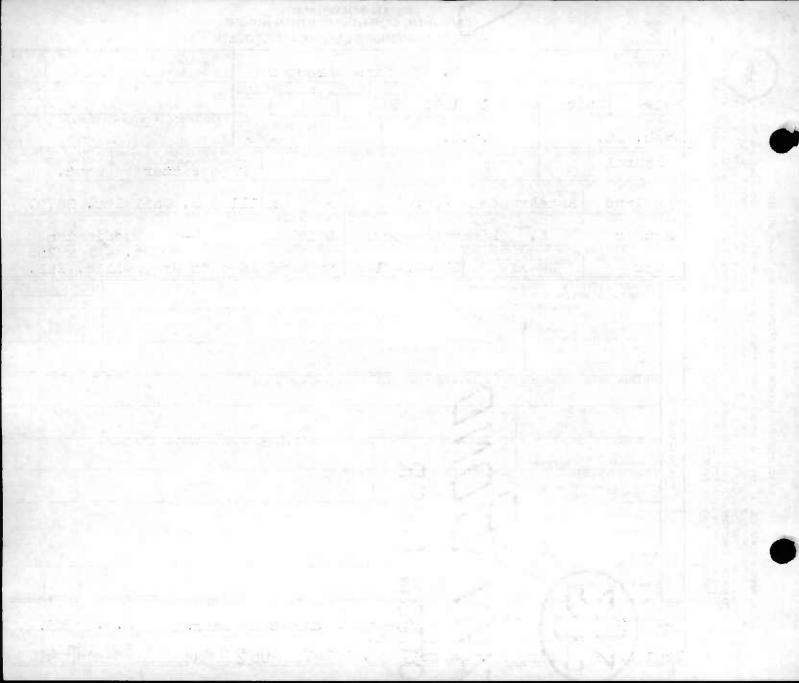
Glen Burnie, Md.

250. DATE REC'D. BY REGISTRARI256 REGISTRAR'S SIGNATURE

Sulia Davidson



20M 4/82



1	FOR			OF MARYLAND		2 0	5 4	y	
1-	STATE REGISTRAR	D	EPARTMENT OF HE CERTIFI	CATE OF DEAT		REG. NO.		ED'	r
	CEASED NAME FIRST	MIDDLE	LA	ST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
TITPE	ADA	V	LUCAS			AUGUST	11, 198	4 720	RM
3. SE	X	4 RACE	5. DATE OF		-	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA		HRS AIN.
/1	Female	Caucasian	11 11		B8	95 y	RS DA	13 HOURS M	iles.
7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	☐ NEVER MARR	ED 7	BALTIMORE CITY OR COL	JNTY OF DEATH		
M	aryland	U.S.A.	WIDOWED			ANNE ARUN	DEL COU	NTY	MD.
10 CI	GLEN BURNIE	11. NAME OF HOSPITAL, (IF NOT INSUCHEACHLY G NORTH ARU	NURSING HOME OF			2ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife		D OF BUSINESS RY	OR
13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	INTY 13c. CITY O	Burnie	13d. INSIDE CITY LI YES NO	X .	36 STREET ADDRESS / ZIP (214 2nd Ave		21061	W.
	Wantz	Seve	rious	IS MOTHER'S MA		WIDDLE	НС	uck	
	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	(VE WAR OR DATES)	AL SECURITY NO. -09-00281	17. INFORMANT	n Tu	ADDRESS	A ATTO C	LC W	106
	Canditions, il any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CO		ospetere	Hait	' hilos			
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED TO I	HE TERMIN	IAL DISEASE OR CONDITION	N GIVEN IN PART	110	
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WAS PERFORME)		IF YES, WERE FIN ERTIFYING CAUS YES		
	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EAIN	TH DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART	2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTOR)	r, OFFICE, FARM, ETC }	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE	Ē
		X III X V	19, one		apinion de	eath occurred on the date and			
	22b. SIGNATURE	May. m. 1)	D	PHYS		MEDICAL STAFF DIRECTOR PHYSICIAN	- 18-	12.8Y	
13	22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS		5 OAKWOOD ROA		E 201	
-		DRO MONTOYA		GLEN		IE, MARYLAND	21061		
	BURIAL, CREMATION, REMOVA Burial	8/15/84		METERY OR CREM		Woodlawn	Baltin	nore, Mc	£

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING

should be detoched for use os the buriol-transit permit. Then pleose remove carbon pope with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal IMPORTANT: If them 21 is market of 11911 to 11917, at other traumatic event, the

24 FUNERAL DIRECTOR
NAME

Raymond C. Fink 426 Crain Hwy 21061

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE AND 184 Junio Davidson Handare

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

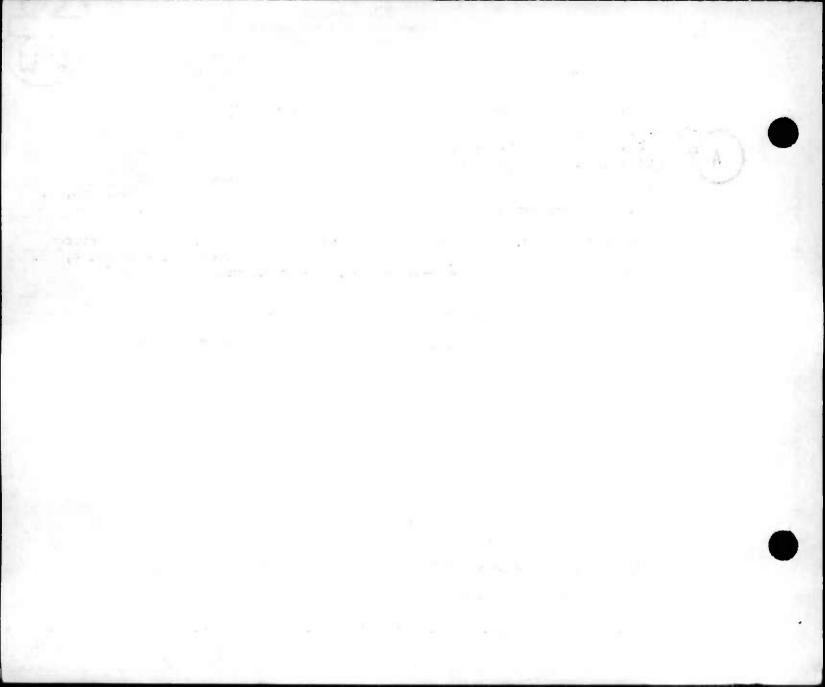
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ι.	REGISTRAR				CERTIFIC	CATE OF DE	ATH	REC	NO.		E	4	
	CEASED NAME E OR PRINT)	FRANK	1	AIDDLE	LUSBY	1		AUGUS	MONTH ()	4, 1984	25 HOUR 230	P	
3. SE	Male		4 RACE Whit	9	5. DATE OF MONTH 12	BIRTH DAY	YEAR 1892	6. AGE (IN YEARS LAS	YRS		IF UNDER :	A HRS	
2	IRTHPLACE STATE OF		U. S		WIDOWED		DRCED	2 01 11 11	ARUND.	EL COUNT		N	
H	GLEN BURN	IE	(III/NO) III/SUC	HEADITAL, NURSIN	ADDRESST PI	TAL		120. USUAL OCCUP (TYPE OF WORK FOR MC) Photo E	ingrave	BUFEI INDUSTRY			
	STATE Md.	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Pasaden	N	YES	Y LIMITS?	13e STREET ADDRE 5 Margar	ss/zipco et Ave	Pasade . #211	na,Md 22	na,Md. 22	
DE	Stephen		MIDDLE A.	Lusby		Sara	h h	E.		No	rwood		
	WAS DECEASED EVE (YES NO OR UNKNOWN)		MED FORCES?	78-09-06				Waterford .Arnold	D1188	#21122	na, M		
CERTIFICATION	PART 2 OTHER SIG			DINTRIBUTING TO E				INAL DISEASE OR C	20b IF	GIVEN IN PART I YES, WERE FIND RTIFYING CAUSE	INGS USED S OF DEAT	H?	
MEDICAL CERTIF	21g. ACCIDENT WAS U OR CONTRIBUTING {# EITHER NOTEY ME 21d. IN JURY OCCU WHILE NOTE AT WORK AT WAT	CAUSE OF DE	HOUR A	m, month da m.	19	216 HOW INJU		YES NO		YES	NO _	IATE	
1	226 SIGNATURE	osed alive or (did) (did no	oti view the body	oftel deoth.	14 , one	EGREE AT PH 22 e ADDRESS	TENDING E	MEDICAL PHOTOLOGY MEDICAL POLICE MEDICAL PHOTOLOGY MEDICAL PHOTOLOG	STAFF YSICIAN D	22c DAT	that (I) (vecauses sta		
230	BURIAL CREMATION (SPECIFY) Burial		DIAN, M 23b DATE Aug. 7,	23c. 1		METERY OR CR	REMATORY	234 LOCATION CITY OR TOW Balto		COUNTY	Md.	TATE	
24 F G	Burial FUNERAL DIRECTOR Truman	Schu	1 3:		dericl	Are		Balto.	84 Jul	ISTRAKS SIGNA	TURB	_	

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT:

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL !

CERTIFICATE OF DEATH

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	20 DATE OF DEATH	MONTH	DAY		YEAR	26 HOL	JR
	AUGUST	18,		198	34	1120	PM
	6 AGE JIN YEARS LAST B	IRTHDAY)		_	TYEAR		
6	78	YRS	MOI	VIHS	DAYS	HOURS	MIN
	9 BALTIMORE CITY	OR COUNT	Y O	F DE	ATH	100	
	ANNE A	RUNDEL	, (JOU	INT	Y	MD
	170 USUAL OCCUPA		66)		KIND (OF BUSIN	ESS OR
	Carpente	, ()	Retired				
?	134 STREET ADDRESS	zip cob orelan	e d	Ro	1. 7	21061	
NAM							
	MIDDLE				LA	ST	
	ADDI	RESS					

. DECEASED NAME FIRST MIDDLE (TYPE OR PRINTI THOMAS WESLEY 3 SEX 4. RACE 5. DATE OF BIRTH ACINITH Male White Jan. 190 IL BIRTHPLACE ASTATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Tennessee WIDOWED V DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
NORTH ARUNDEL HOSPITAL GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
136. COUNTY
Maryland
A.A.
136. COUNTY
Glen Burnie 13d. INSIDE CITY LIMITS YES 🗌 NO XX 4 FATHER'S NAME 15 MOTHER'S MAIDEN MIDDLE LAST Unknown Unknown 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-12-5444 Ida McGoldrick same as 13 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTHEY MEDICAL EXAMINER 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF LOWN (AT HOME STREET FACTORY OFFICE, FARM ETC.) WHILE NOT WHILE 220 | certify that (1) (this haspital) attended the deceased fram. 19_ ___, that (I) (we) last sow the deceased alive on_ , and that in (my) (our) opinian death accurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death 77h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN PHYSICIAN [724 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 7845 OAKWOOD ROAD, SUITE 104 MARYLAND 21061 LONG S. HSII 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION 73h DATE CITY OR TOWN Burial Glen Haven Mem

Glen Burnie

MD.

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

FOR

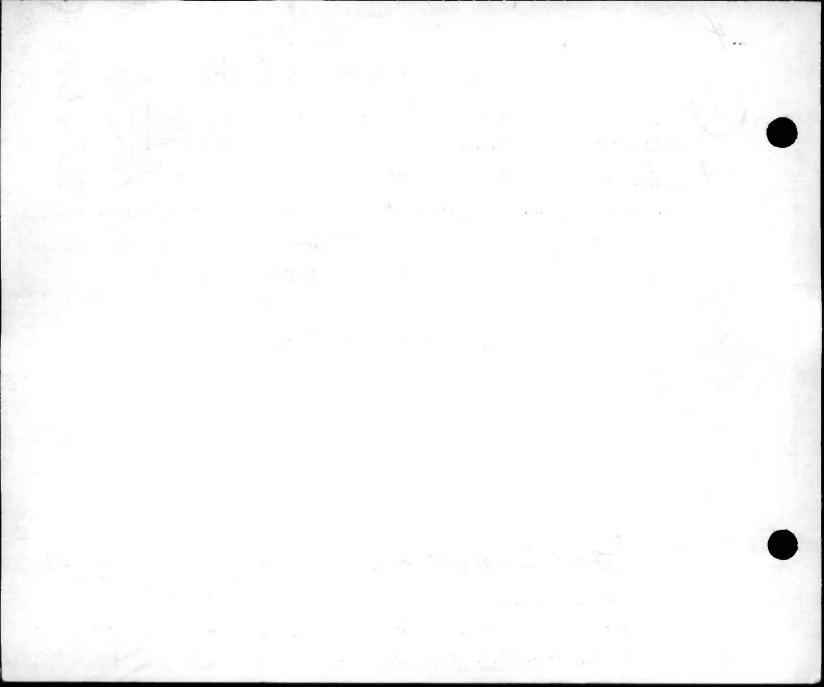
REGISTRAR

- STATE

(VRA 15, 4)

James S. Kirkley F.H. Glen Burnie MD.

250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE relia Davidson-Randell



FOR .

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

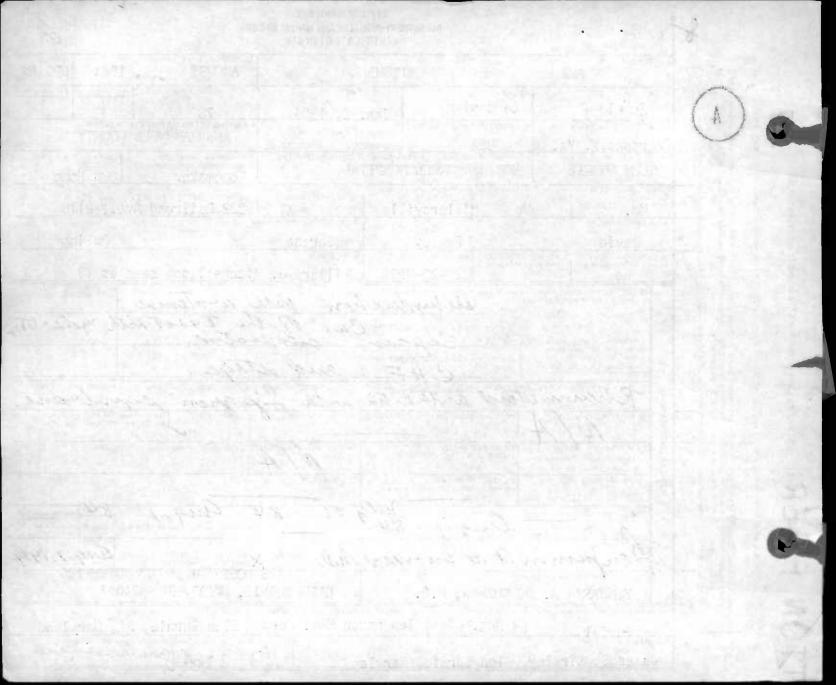
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1.	REGISTRAR	RAR CERTIFICATE OF DEATH								EIN		
	CEASED NAME OR PRINT) AL	FIRST A	E "	NIDDLE	MITCHE	AST		20 DATE OF DEAT AUGUST	H MONTH	1984	26 HOUR 600 A	
3 SEX	Female		Caucas	ian	S DATE C	DAY	YEAR	6 AGE (IN YEARS LA:	YRS.	F UNDER I YEAR	IF UNDER 24	
C	RIHPLACE (STATE OR A COUNTRY) LYSONS, W. V		CITIZEN OF V	WHAT COUNT	RY? 8	D NEVER MAR	RRIED -	9 BALTIMORE CIT	Y OR COUNT ARUNDEL	CANADA WARE		
10, CI	TY OR TOWN OF DEA	TH 11.	NAME OF H	OSPITAL, NU	RETAPORES T	PAL	NOIT	120 USUAL OCCU (TYPE OF WORK FOR MI Homemak	OST OF WORKING L		ome	
13a S	Md.	136 COUNTY		GIVE RESIDENCE B 13c CITY OR I 111ers	OWN		∘ X □	13e STREET ADDRE	ss / zip cod I road A	ve., 21	108	
1	THER'S NAME PIRST David	MIDE		Fawle		IS. MOTHER'S M FIRS Serei	ST .	MIDD		Poli	ng	
	VAS DECEASED EVER LES, NO OR UNKNOWN) NO	IN U.S. ARMEI	AR OR DATES)	220-20	-0902	Willar	d J. N	Mitchell,	odress son sam		MATE INTERV	
MEDICAL CERTIFIC	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PARTS OTHER SIGN 19a DATE OF OPERAL	nediote g the lost	(c)_ VOILIONS CO	auth	4F	NOT RELATED TO WITH	C 1 THE TEMPA	INAL DISEASE OR CO	20b IF YE	VEN IN PART S, WERE FINDIN FYING CAUSES	NGS USED	
	21g. ACCIDENT WAS USED OR CONTRIBUTING CONTRIBUTING CONTRIBUTION COURSE CONTRIBUTION COURSE CONTRIBUTION CONT	AUSE OF DEATH (AL EXAMINER) RED	P.A 21a. PLACE C (AT HOME, STRI	M. MONTH M. DE INJURY EET, FACTORY, OFF	19 FICE, FARM, ETC.)	211. LOCATION STREET	RY OCCURP	YES NO NO CITY OF CITY		PART I OR PART 2) COUNTY	NO []	
	son the deceose shower, (I) (we) (o	ed olive on did) (did not) vi	G. A	acil	great	DEGREE ATTE	ending projection of the second secon	MEDICAL DIRECTOR PH	STAFF YSICIAN D DRIVE	22 DATE	couses sta	
	URIAL, CREMATION,	REMOVAL	4 Aug.		23c. NAME OF C	EMETERY OR CRE	MATORY	236 LOCATION	ı̈rnie,	AA, Mar	yland	
24 FU			4 Aug.	84	Glen Ha	ven Mem.	Park	CITY OR TOW	RAR 256 REGIS		URE	

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample should be detacked for use as the burial-transit permit. Then please remove carbon papers. Pager hand with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the Tureral dishould be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burially, cremation, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE .

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BY REGISTRAR 256. REGISTRAR'S SIGNATURE

250 DATE REC'D.

1.	- STATE REGISTRAR	CE	ERTIFICATE OF DEATH	REG. NO.		
	CEASED NAME AFIRST	ur Frank	Meleski	20 DATE OF DEATH	19 10 84	2b. HOUR
3. SE	* Male	White 5.	JULY 12 1902	6. AGE (IN YEARS LAST BIRTH	2 YRS	IF UNDER 24 HRS HOURS MIN.
1 1	ENACY UZNIZ	1 1 6	ARRIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR	COUNTY OF DEATH	MC
-		1. NAME OF HOSPITAL, NURSING HE (IF NOT IN SUCH FACILITY, GIVE PREET ADDRE	OME OR OTHER INSTITUTION .	120 USUAL OCCUPATIO	WORKING LIFE) 12b. KIND OF	F BUSINESS OF
	AL RESIDENCE (IF NURSING HOME OF STATE) 13b COUNTY	OTHER INSTITUTION, GIVE BASIDENCE BEFORE ADMITY 13 GITY OR TOWN 17 AND OLI 18 DOLL	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS /	roest. 2	1401
14. F/	athers name Walter	Meleski	15. MOTHER'S MAIDEN NAM	NE MIDDLE	LAST	, 1 .
16a \	WAS DECEASED EVER IN U.S. ARM	WAR-DEDATES)	1 1 1 1	U. Meleski	Millersull	le, PH.
NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) ONDITIONS CONTRIBUTING TO DEAT	coronay out	Ley desies		
CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		YEAR 19	RED (ENTER NATURE OF INJURY	IN (TEM 18 PART (OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	ETC) 211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
		low the body ofter death.	DEGREE ATTENDING PHYSICIAN [221 DATES	couses stated
230	Burlal, CREMATION, REMOVAL	123b. DATE 23c NAM	# OF REMETERY OR CREMATORY	Street Hr	maps 13 1	UI)
	ISPER CREME	2-13-24 4	illerest	CITY OR TOWN	VIS FIH	Mit

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24 FUNERAL DIRECTOR

Funeral Chaper

DHMH - 16 50M 4/83 (VRA 15, 4)

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marked ar Item 18 should be detach

CERTIFICATION

MPORTANT

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

STATE OF MARYLAND

166 SOCIAL SECURITY NO.

217 01 277/1

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	10.			J	TOE
	20 DATE OF DEATH	MONTH	DAY	YE AR	26 HOU	R
	AUGUST	2	3. 1	1084	1/3	O M
	6. AGE (IN YEARS LAST BIRTHDAY)			ER I YEAR	IF UNDER	24 HR5
9	74	unc	MONTHS	DAYS	HOURS	MIN.

ADDRESS

REGISTRAR			REG. NO.	EUI
1. DECEASED NAME (TYPE OR PRINT)	RST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
G	LENN F	MORRISON	AUCUST	23, 1084 430
3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	May 3 1909	75 YR:	MONTHS DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FORE		RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
Penna.	U.S.A.	WIDOWED DIVORCED	ANNE ARIN	DEL COUNTY M
10 CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS O
GLEN BURNI	E NORTH ARUNT	DEL HOSPITAL	Banquet Manage	en Hotel
USUAL RESIDENCE (# NURSING			a lia STREET ADDRESS / ZID GO	ope.
Md. A	nne Arundel Pasad	ena 13d. Inside city limits	8106 Forest Gl	en Drive, 21122
14 FATHER'S NAME	MIDDLE AA LAST	15. MOTHER'S MAIDEN		
Frank	Monniso	n Laura	MIDDLE	Monroe

710		21/-01-2/14 Miss. Heter D. Moltreson, same	e as 13
18 CAUSE OF DEA PART I. DEATH	ATH (Enter only one cous WAS CAUSED BY: IMMEDIATE CAUSE (c	e per line for (a), (b), and (c),	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or gove rise to in couse (a), sto underlying cou	DUE To ny, which fill mmediate ting the DUE To	o, or as a consequence of or an entron of or as a consequence of or as a consequence of or as a consequence of or an entropy of or as a consequence of or a consequence o	
PART 2. OTHER SIG	GNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION O	SIVEN IN PART TO

17. INFORMANT

Man Halan R

206 IF YES, WERE FINDINGS USED DITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (I) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased plive on,

20. SIGNATURE	DEGREE	ILL DATE SIGNED
dia & Knh	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	8/24/84
2d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS 78.45 OAKTOOD ROAT	SUITE 200

TDA B KADIAM

230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE (SPE Burial Campellinited Meth.

Cully F. H. 3204 Mountain Rd. Pasadena, Md.

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STATE OF MARYLAND

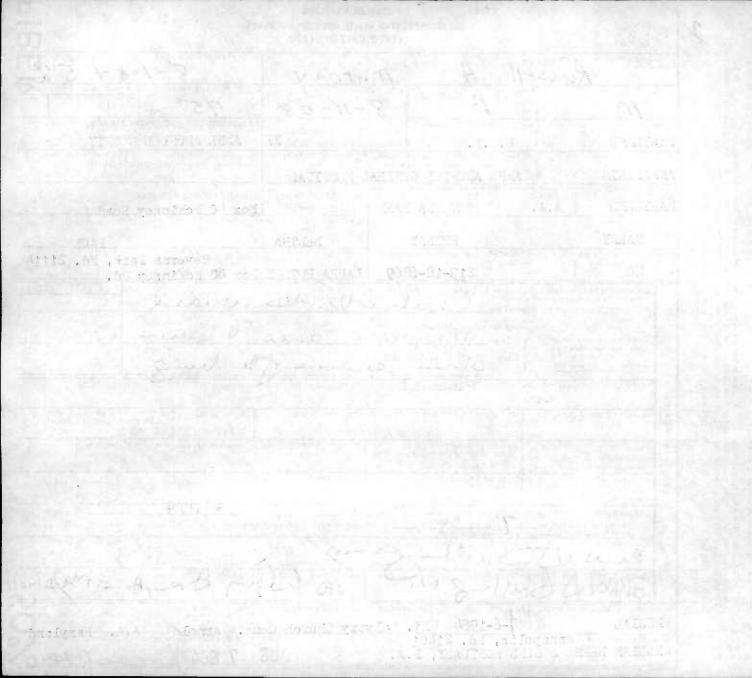
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) Russell 3. SEX AGE LIN YEARS LAST BIRTHDAY IF UNDER TYEAR 11-08 HOURS. 70. BIRTHPLACE | STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND U.S.A. ANNE ARUNDEL COUNTY DIVORCED A WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANNAPOLIS ARUNDEL GENERAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND A.A. SEVERNA PARK Box 40 McKinsey Road NO F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST HARRY MURRAY PACK Severna Park, Md. 21114 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-18-6869 Box 40 McKinsey Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ling-for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [] YES 🔲 NO YES | 710. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d, INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I) (this haspital) attended the eleceosed from sow the deceased plive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did ne) 22h SIGNATURE DEGREE 22c. DATE SIGNED /MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 724 ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL 73b DATE BURTAL COUNTY STATE 8-6-1984 Mt. Calvary Church Ceme ch Ceme Amold A A
250. DATE REC'D. BY REGISTRAR'S 24 FUNERAL DIRECTOR Annapolis, Md. 21401

DHMH - 16 50M 4/83 (VRA 15, 4)

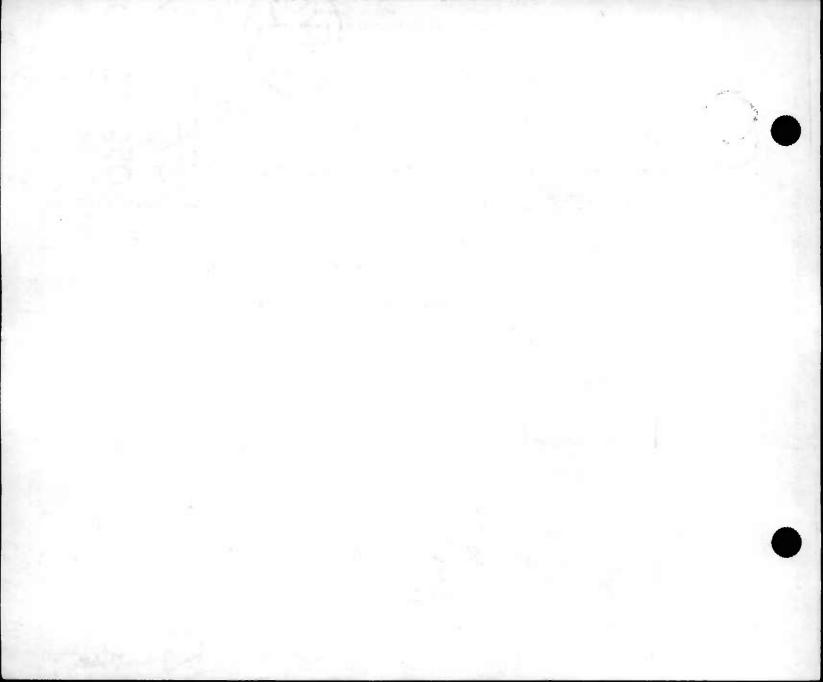
WILLTAM REESE & SONS MORTUARY P.A.

in a Reydson



•	ter deoth. Page 4 may be	e funeral de later, page 3 Histographous after death	- Marine
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the true funeral day to cape 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be treat with the cape of the other and Mental Hygiene prior to burial, cremotion, ar removal.	[MPORTANT: If Item 2] is morked or Item 18 shows ony injury, or other troumatic event, the medical exegine may be made

			FOR			DE	PARTM		OF MARYLA		ENE 4	6.0	U	5) C	2	
		1 -	STATE REGISTRAR	ELLK	Y	NYE	ILS	CERTIF	CATE OF D	EATH		REG. NO					
			EASED NAME	FIRST	,	MIDDLE	1-2	L.	AST		20 DATE OF		NONTH	DAY	YE AR	2b HOUR	?
noy be poge 3		{TYPE	ST	ELL,	A.	N	n	17/5	NS				8	28	84	09	YJMA
	3	. SEX	,	4	RACE			5 DATE C	F BIRTH	YEAR	6. AGE (IN YE	ARS LAST BIRTH	HDAY)	IF UNDE	RIYEAR	IF UNDER 2	A HRS.
Page 4		1	2MALE	k	CAUCI	ASIA	N	5	- 23	-16	68	'	YRS				
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g physiciar canpopers. removal.			18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	one couse per BY: CAUSE (o)	010	0.4	(C).)	CC	bnce				В	APPROXIM	NATE INTERV	PEATH
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of the			gave rise to imm couse (a), stating underlying couse		DUE TO, OI	R AS A CON	NSEQUE	NCE OF					·				
equires the signed by Then pleo reta burial, injury, and		N O	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTIN	IG TO D	EATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE	ORCOND	ITION GI	VEN IN F	PART IIo		
The low re- incian. It has been nost permit. I gene prior shaws ony ii.	9	CERTIFICATION	198 DATE OF OPERAT	ION	196 COND	TION FOR	WHICH (OPERATIO	WAS PERFOR	RMED	20g AUTO	PSY?	IN CERT	S, WERE IFYING (ES []	E FINDING CAUSES (GS USED OF DEATH	4?
S PHYSICIAN: The litterading physician. pr this certificate has the burial-transit per and Mental Hygiene and Mental Hygiene ked or frem 18 shows			210. ACCIDENT WAS UNDI OR CONTRIBUTING	AUSE OF DEAT	21b. TIME O HOUR A	M. MONT	TH DA	Y YEAR	21c HOW INJ	JURY OCCURR	ED (ENTERNAT	TURE OF INJURY	IN ITEM 18	PART I OR	PART 2)		
ING PHYSI r attending After this ce os the buri th and Mer		MEDICAL	21d INJURY OCCURR	ED	21e PLACE		OFFICE, FA		21f LOCATIO STREET	N		CITY OR TOW	/N	COI	UNIY	51	ATE
Or or or se os se os se os the			220 I certify that (1)		ol) ottended th	e deceased	from_	1/8	4	. 19	to s	120/8	7	. 19	- t	hot (I) (av	m) lost
TTEN pital TOR For u			sow the decease		8/L8	ofter death	_19	, on	d that in (my) ((our) opinion d	eath occurred	d on the dot	le and ho	ur and tr	om the c	ouses sta	ted
SPITAL OR AT 1 by the hosp NERAL DIRECT be detoched for e Stote Dept. o			27h SIGNATURE	de	m t	h I	hE	- Co	DEGREE A	TTENDING PHYSICIAN	MEDICAL DIRECTOR[STAFF		11	LOME	SIGNED 8/8	4
TO HOSPITAL retoined by the TO FUNERAL should be detoined with the State MAPORTANT.			22d PHYSICIAN'S NA	ME (TYPE OR	SEN.	6	LE	>	22e ADDRESS								
5 5 5 3 8 5 T	2		URIAL, CREMATION, F	EMOVAL	23b. DATE		23c. N	AME OF C	EMETERY OR C	REMATORY	23d. LOCA	ORTOWN		COUN	TY	51	ATE
BP			ÜRTAL		8-31	-84	HI	LLCR	EST CH	EMETER	Y ANN	APOL		NNE	AR	UNDE	EL CO
DHMH - 16 50M 4/83	- 1		NERAL DIRECTOR	717 0 37 0	1010	AD C I	DRESS	1 0.55	NAPOL	SEP O	REC'D. BY RE	EGISTRAR 2	Sh. REGIS	TRAR'S S	iary Iary	ire LANI	
(VRA 15, 4)		ĸυ	BERT E. I	EVANS	1212	WEST	SI	. A N	NAPOL	TPI Y	/AA	June	vavids	01-A	togal.	1	



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIỆNE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO

20 DATE KNOWN

- STATE

20M 4/B2

REGISTRAR

DECEASED NAME

Clark Carried June 25 1957 at

Clark Carried France Crafton x 900 Lasthan Court was his 20114

Coorge Charles Michols Jr. Edita Lee Chirton

gas hoserve (29-02-70-40 George C. Minnole er. seme as ige

Rurial as 18 1904 faitheant Composity Svidsonville, Margason 10000 Annapolis Re. Reall Francell Forc TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours with

etained by the hospital or attending physicion.

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STATE OF MARYLAND

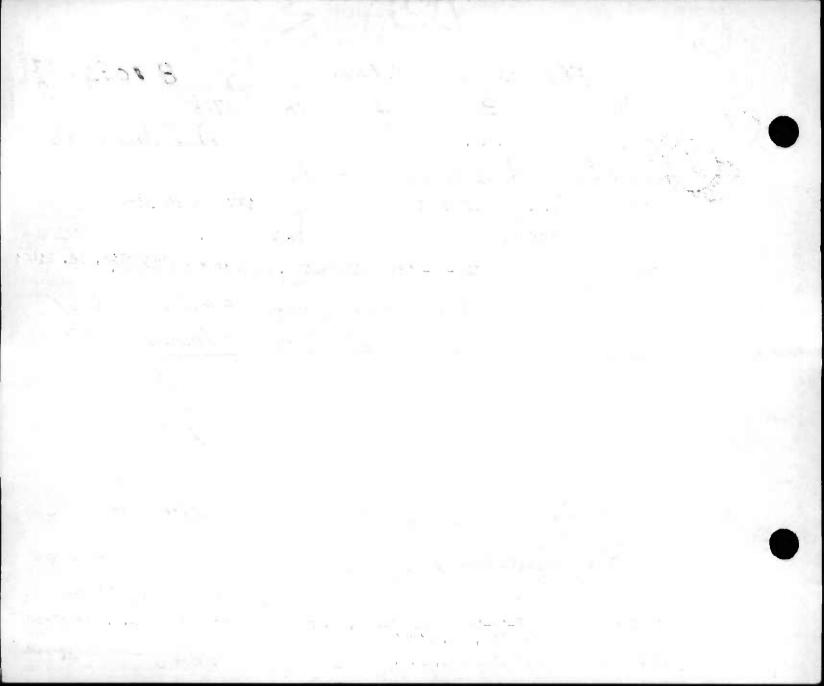
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTA		REG. NO		
		CEASED NAME FIRST FRA	NOS L.	N	DEL	20		8 Los	1307
	3 SE)		4 RACE	5 DATE C		6. A	GE LINYEARS LAST BIRTH		F UNDER 24 HRS DAYS HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76 CITIZEN OF WHAT COUN	MARRIE WIDOWE	D NEVER MARRIE	ED 🗆 9 B	ALTIMORE ENTY OF		. / /
3	A	VVA PO AS		URSING HOME O	OR OTHER INSTITUTION	ON 12a	USUAL OCCUPATION PE OF WORK FOR MOST OF		ND OF BUSINESS OR TRY
35	130. 5	AL RESIDE CE IN HURS NG HOME OR STATE 136 COUN ARYLAND A.	ITY IBLAITY OR	DEFORE ADMISSION)	134 INSIDE CITY LIM	_	FF57APPRESS/	Ar Drive	21401
21	14. FA	ATHER'S NAME FIRST UN	KNOWN	ī		IARY	WIDDLE		1A BUTLER
T	16a, V	VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) [IF YES, GIV	MED FORCES? 16b SOCIAL 220-0	SECURITY NO. 5-3142	17 INFORMANT KIMBERLY	F. NO	EL 1957 Fo	Annapolis rest Dr.	, Md. 2140
2	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT O	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W	G TO DEATH BUT) 2	On AUTOPSY?	206 IF YES, WERE FI	NDINGS USED USES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY ((ENTER NATURE OF INJURY	YES	NO [
	MEDICAL	714 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O		211 LOCATION STREET		CITY OR TOW	in COUNT	Y STATE
		27s 4 certify that (f) (this harps saw the deceased plies on above, (f) (passessing did no 27b, 51GN/TURE)	819	135/	nd that in (my) (out-	DING C. M	to STAFF	271. 0	, that (I) (me) lost in the couses stated
/		BURIAL, CREMATION, REMOVAL	236 DATE 8-14-1984		1770 ADDRESS 16 MLC EMETERY OR CREMA IN MEM. PA		Ave A Av	weysle	Maryland
3	24 FU		mapolis, Md.	21401 RESS			C'D. BY REGISTRAR 2	Ch DECISTDAD'S SIC	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP_

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.



DEPARTM	IENT OF HEALTH AND	ENE .	0	() ·)	1					
	CERTIFICATE OF	DEATH	REG. NO.					EDT			
AIDDLE	LAST		20 DATE OF DEATH	HINOM	DAY	YEAR	26. HOL	R			
N	ORRIS		AUGUST	13	, 19	84	0937	PM			
	5 DATE OF BIRTH	1	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS	١		
hite	June 27,	1920	64	YRS	MONTHS	DAYS	HOURS	MIN.			
WHAT COUNTRY?	8.		9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH			١		

4. RACE Male

FIRST

JAMES

79. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF

MARRIED NEVER MARRIED WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

ANNE ARUNDEL COUNTY 12n USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanes

126 KIND OF BUSINESS OR

21061

Glen Burnie, M.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

GLEN BURNIE

(IF YES, GIVE WAR OR GATES)

136 COUNTY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN

Bunnie

13d INSIDE CITY LIMITS? YES [15 MOTHER'S MAIDEN NAME

FIRST

13e STREET ADDRESS / ZIP CODE

Inknown

MIDDLE Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE REGISTRAR 1. DECEASED NAME

LIYPE OF PRINTS

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IN CITY OF TOWN OF DEATH

3. SEX

13a. STATE

Maruland

14. FATHER'S NAME

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CERTIFICATION

MEDICAL

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Nonnis 16h SOCIAL SECURITY NO

17 INFORMANT

.Norris. Same as above

No 18. CAUSE OF DEATH (Enter only one cause per line town), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HULL AND THE LEADED TO THE MERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY YF AR 20a AUTOPSY? NOF 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased allow on

HOUR A.M. MONTH DAY P.M.

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 23

21d INJURY OCCURRED AT WORK 21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE FARM ETC.)

211 LOCATION

COUNTY STATE

above, (fi (we) (did) did not view the bank after death 77h SIGNATHIRE

DEGREE

STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN | 17. DATE

ANASTACIO E. SUBONG, M. D.

22a L certify that (I) (this harpital) attended the deceased from

phylica rent)

22e ADDRESS

206 CRAIN HIGHWAY, S. BURNIE, MARYLAND 21061

nd that in (my) (our) apinion death occurred an the fairle and haur and from the couses stated

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

274 PHYSICIAN'S MAME

23c. NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Park

Burnie, A.A. (o. Maryland

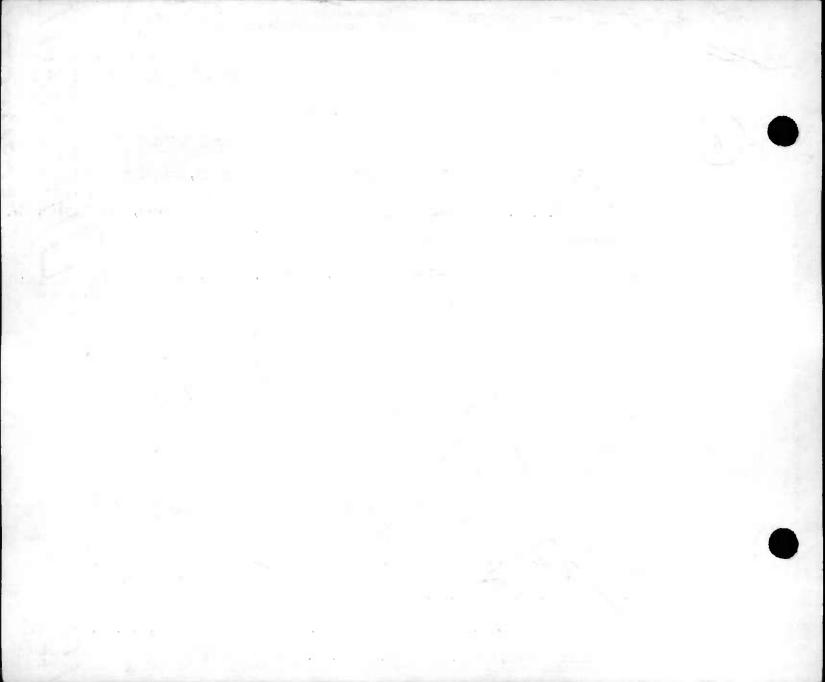
24 FUNERAL DIRECTOR

Mc ally Funeral Home, 130 E. Fort Ave. Balto. Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR.

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MPORTANT: IF

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TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He

STATE OF MARYLAND

DEPART	MENT OF HEAL CERTIFICA		REG. 1	NO.					
DDLE	LAST			20 DATE OF DEATH	HINOM	DAY	YEAR	26 HOU	IR
Novak				August	19,	1984		7:30	PA
	5 DATE OF BI	RTH		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
2	MONTH	26	44	39	YRS	MONTHS	DAYS	HOURS	MIN.
HAT COUNTRY?	8	•		9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		

75 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN COUNTRY Manuland

MARRIED NEVER MARRIED DIVORCED

Anne Arundel 126 KIND OF BUSINESS OR INDUSTRY

Arundel General Annapolis USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. 136 COUNTY

Anne Arundel Annapolis

RACE

MIDDLE

13d. INSIDE CITY LIMITS? YES 🔽 NO [15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE Broadview MIDDLE

Jomestic

Price

Maryland 4 FATHER'S NAME Theodore

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

IO. CITY OR TOWN OF DEATH

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

3. SEX

CERTIFICATION

MEDICAL

lappen 166 SOCIAL SECURITY NO

17 INFORMANT

ADDRESS

Housevile

(YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST Mr. Leo Novak Same as #13 no

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Lung cancer	APPROXIMATE INTER- BETWEEN ONSET AND I
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last ODUE TO, OR AS A CONSE		

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART FLG.

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		206 IF YES, WERE FINDINGS USED
				IN CERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART T OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR			
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19			

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM STO

21f LOCATION STREET

COUNTY

AT WORK			VII	VI III	- Y V/
228 Lecrify that (1) (this hospital) sow the deceased alive an above, (1) (we) (did) (did not) view.	19	7/6 CL_, and that i	n (my) (our) opinion death (occurred on the date and hou	19, that (I) (we) lost in and from the causes stated
22b SIGNATURE		DEGREE			221 DATE SIGNED

MEDICAL ATTENDING IRECTOR PHYSICIAN

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ully Funeral Homes

22e ADDRESS

STAFF

Annapolis Md 21401

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(SPECIFY)	EMATION, REMOVA Burial.	8/23/1984	2:

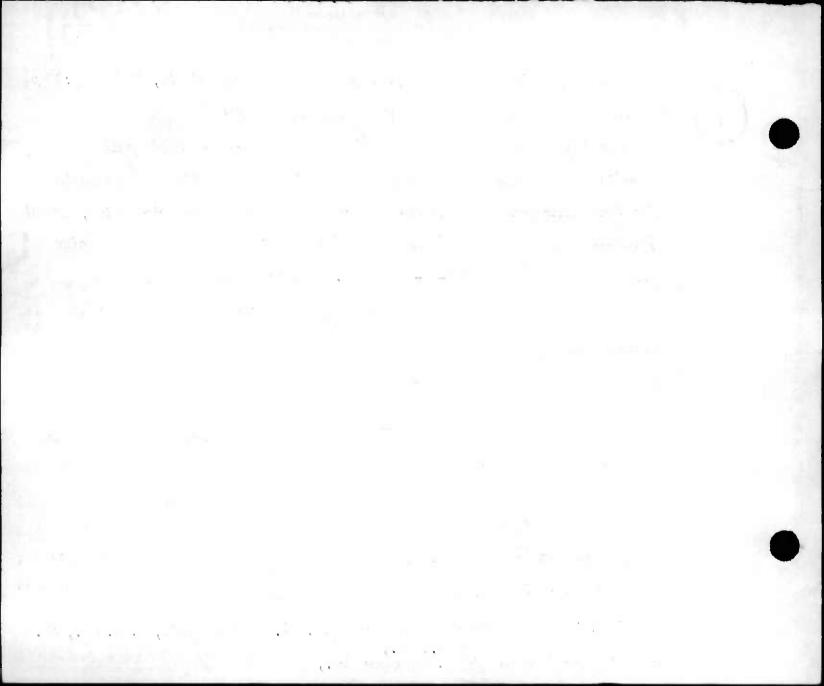
31. NAME OF CEMETERY OR CREMATORY Glen Haven Mem.

24 FUNERAL DIRECTOR

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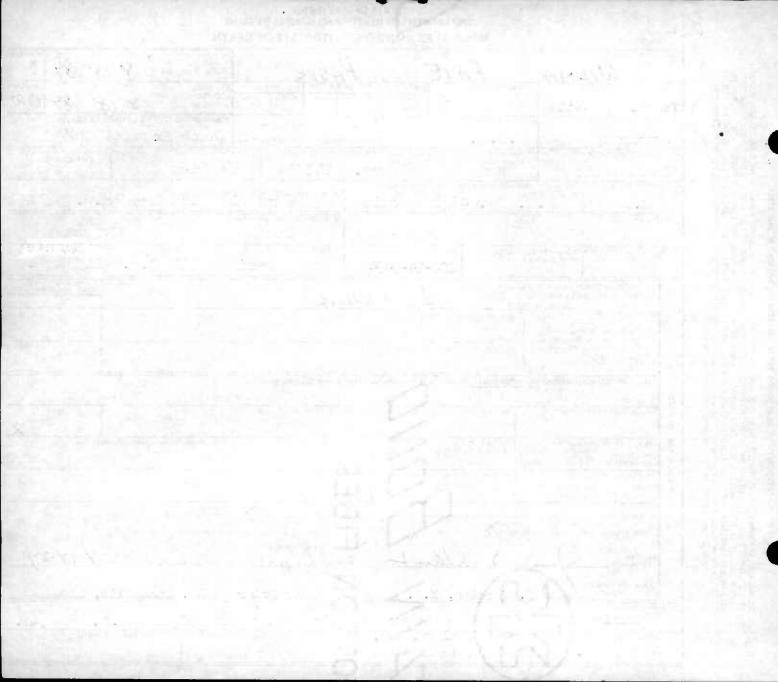
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10		FOR STATE	DEPARTMENT OF HEA	OF MARYLAND ALTH AND MENTAL HYGIE		0
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111 22		CEASED NAME FIRST	Edward.	PAYKOY	OF ESTI-	11. 11
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できた。	1	m Neg	1 9 31 53 YRS.	MONTHS DAYS HOURS MIN	PRONOUNCED DEAD	16 1984 300 X
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EE, MD. 21201 EATH. IF ANY DELAY IS ES 1, 2, AND 3TO THE PM 3. RETAIN PAGE IND 2 SHOULD BE FILED IND 2 SHOULD BE FILED) 10. Ct	NNAROLI 4	1. NAME OF HOSPITAL, NURSING HOME, OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	OTHER INSTITUTION 120 US	SUAL OCCUPATION (TYPE OF WO	OR INDUSTRY
21201 ANY DEL AND 3 TC RETAIN HOULD B	USUA 130 S	L RESIDENCY (IF IN NURSING HOME OR OF ATE 136, COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13e ST	REET ADDRESS Holon	314015+
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SATH NO.	11	I firsta I lian an	H. Arker	1 PUN	MIDDLE	Alton
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I > \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	W	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
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EXAMINER: CERTIFICATE VULD BE FOR DIRECTOR: I, WITH THE I		death resulted fram: Natural	causes Accident , Suicide	, Hamicide Unde	etermined manner,	
CAL EXAMI THE CERTIFIES SHOULD BE TAL DIRECT ATH, WITH	4	ACTUAL SIGNATURE WILL	in P. Jens	Deputy ME	EDICAL EXAMINER SK	ATE 8/17/84
MEDIA CUTE SE 4 S FUNE TIMO	X .	EXAMINER'S NAME WILLIA	m P. Jones, M.B.	ADDRES 695 America (Crt., Davidsonvill	e,,Md. 21035
DX STAR	23a. B	JRIAL, CREMATION, REMOVAL 236		DY OR CREMATORY 123d	LOCATION	COUNTY STATE
BP					avidsonville	A.A. A. Marylan
DHMH - 17		NAME	ADDRESS	250 NOW GREZO!	BY RESEARCH 256 REGISTRAN	CS SIGNATURE 1
(VR A15 ME (5))	W.	LLIAM REESE & S	ONS MORTUARY, P.A.		7	

DHMH - 17 (VR A15 ME (5)) 20M 4/82

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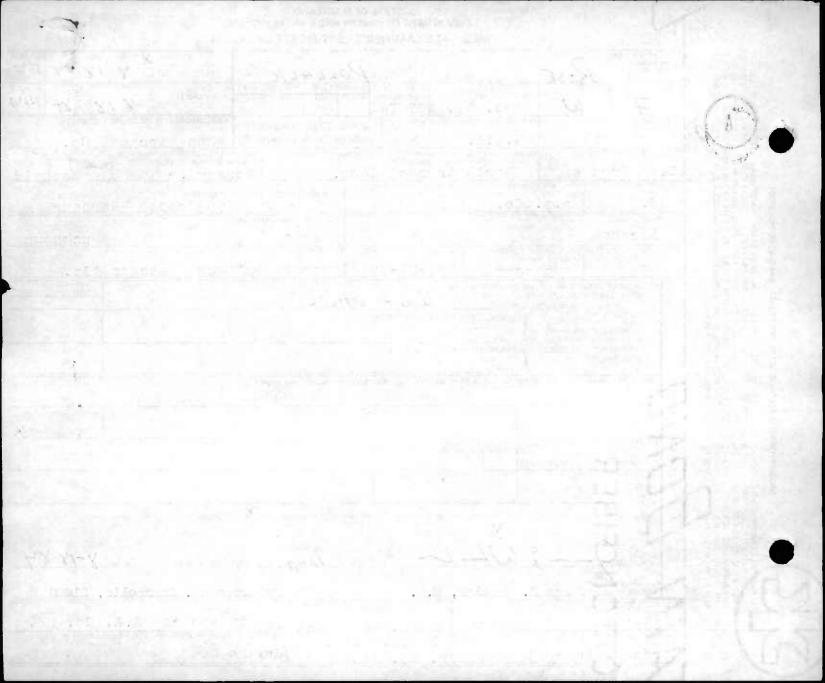
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ET SEE SEE	SEX	4 RAG		DATE OF BIRTH	6. AGE (IN YE		DER TYR. IF UNDER	DEATH M. 24 HRS. 2c. DATE MIN PRONOUNCE	MONTH	0-84 19 DAY YEAR	2d HOUR
AND .	MA 7a BIR	LE BL		4 2		rs.	D NEVER MARRI	DEAD	8-8	NTY OF DEATH	₱PM "
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22852	Ar	y or town of de inapolis		Anne Ari	PITAL, NURSING HOM CILITY SIVE TREE COUNT	ty Hos		12a USUAL OCCUPAT FOR MOST OF WORKING		OR INDUST	ISINESS IRY
DIVISION OF WIDAL RECORDS.		RESIDENCE (IF IN N	136 COUNTY		RESIDENCE BEFORE ADMISS		3d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 224 Gros	ss Avenue	21	401
2/	14 FA	THER'S NAME MORRIS	٨	AIDDLE	PINDELL		IS. MOTHER'S MAIDE FIRST ELEAN	NOR	G	ALLOWAY	
1	léa W (YE	AS DECEASED EVER 5, NO, OR UNKNOWN) NO	(IF YES, GIVE WAR		578-96-97		MORRIS PI	NDELL 224 G	address apolis, ross Ave	Md. 2140)1
ACT BORNEL INTERNAL ALTH AND MENTAL HYGEREN, D CREMATION, OR REMOVAL.	NO	Canditians, if gave rise to cause (a) statin lying cause last	immediate g the <u>under-</u>	(b)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERN	OF	OR CONDITION GIVEN IN PAI	RT 1 rail			
DEPARTMENT OF HEALTH AND PRIOR TO BURIAL, CREMATI	IFICATI	19a. DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH OPER	RATION WA	S PERFORMED?			20 AUTOPSY	NO [
OR TO B	MEDICAL CERTIFICATION	210. EXTERNAL CAL UNDERLYING X CONTRIBUTING	OR	216 TIME OF HOUR A.M. ATH P.M.	MONTH DAY YEA	IR SI	ubject fou	nd floating			
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AFTER DEATH, WITH THE STATE DEF		220. I certify that death resulted from ACTUAL SEGMATURE EXAMINER'S NAME (TYPE OR PRINT)	Natural	rauses	Accident)	Hamicide TITLE (SPECIFY) D. Assistant	Undetermined mann	DATE SIGN	10.5	
	230.BU	RIAL, CREMATION, URLAL NERAL DIRECTOR	REMOVAL 236 8 Ann	-13-1984 apolis.	23c. NAME OF CE HILL CRI Md. 21401	METERY OR	CREMATORY	23d LOCATION CITY OR TOWN		Marvl	and and
5 ME (5))	WI.	LLIAM REE	SE & SO	NS MORTU	ARY, P.A.			- 0 100	. 0		

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ASE OR.	PILES. OURS TREET,	I. DE	CEASED NAME RIST PIRST		MIDDLE	POLLA		20 DATE KNOW! OF ESTI- DEATH MATEE	N N MONTH	DAY YEAR 184	26. HOUR /330
NO NE	NO TO TO	3 SE)	7 WARTHPLACE (STATE OR	Feb. 2'		MONTHS DAYS	HOURS MIN	PRONOUNCED DEAD	Y /	18 1984	1430 1430
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ELAY IS TO THE	PAGE FILLE	G1	en Burnie	North		Hosp.	FOR	UALOCCUPATION MOST OF WORKING LIFE USEW1fe	T (TYPE OF WORK	orindusti	RY
AND 3 T	O 2 SHOULD BE F	13a S N	d. a.a	TY	residence before admission 13c. CITY OR TOWN Pasaden	13d. INSIDE C		REET ADDRESS	rton H	112 larbour	2
E, MD.	* SAN		THER'S NAME Abraham (AS DECEASED EVER IN U.S. ARA	MIDDLE	Bale	Tab		E MIDDLE	RESS	unkn	own
BALTIMOR SS AFTER DE GIVE PAGE	WITH FOR	(4	n o (14 Yes, Give	WAR OR DATES	063-07-2			lack sa	ame as	13e.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITING THE WORD "PENDING" IN PENCIL IN ITEM 18	WITHIN 24 HOUR ENCIL IN ITEM 18. MINER ALONG W. - TRANSIT PERMIT. ENTAL HYGIENE, DI OR REMOVAL.		Canditions, if any, which gove rise to immediate couse (a) stating the <u>underlying cause last</u> .	D BY: (FE CAUSE (0) DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUENCE O	F				BETWEEN ONSE	AND DEATH
RECORDS	MEDIC ASA CREM	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS OF		ON FOR WHICH OPERA					20 AUTOPSY	
SHOU ORD "	三の名	RTIFIC								YES 🗀	NO X
INFICATE THE W	ARTMET OR TO	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH P.M.	MONTH DAY YEAR		OCCURRED (ENTER	NATURE OF INJURY IN TE	EM 18 PART 1 OR PA	ART 2	
HIS CER		MED	214, INJURY OCCURRED WHILE NOT WHILE AT WORK		FINJURY (ATHOME, PRY, FARM, ETC.)	211 LOCATION STREET		CITY OR FOWN	co	MINIA	STATE
DICAL EXAMINER: 1	PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DI BAITMORE, MARYLAND, 21201 F		ACTUAL SIGNATURE	5.4		Autopsy , , , , , , , , , , , , , , , , , , ,	PECIFY)	Inquiry , etermined manner (ond in my op DATE SIGNE	V-1V-	84
TO ME	PAGE AFTER BALTER	23a. B	EXAMINER'S NAME (TYPE OR PRINT) James JRIAL, CREMATION, REMOVAL) ?	E. Wheele		ADDRESS9	ORY 123d. LG	ose Rd. A			
BP		(5	Burial JNERAL DIRECTOR	8/20/84	Hillore	est Ceme	tery Ai	nnapolis		. Co. N	id.
(VR	HMH - 17 A15 ME (5)) OM 4/82		rdesty Funer		12 Ridgel Ann. Md.	y Ave.	AUG 2	2 1984	la land	ion-Nandal	



e .		CEASED NAME E OR PRINTI	•	LEV	Pyles		OF ESTI- DEATH MATED	MONTH BAY YEAR YEAR
	3. SEX		5 DATE OF BIRTH	6. AGE (IN YEAR	MONTHS DAYS HO	UNDER 24 HRS. 2c.	DATE DNOUNCED DEAD	MONTH GOAY YEAR
15	7a. BII	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY?		MARRIED	ANNE	A rune
S Solle	F	t, Meate	NIM DY	oug L	or other institution	11	occupation (Type) er Operation	OR INDUST
35	USUA 13a. ST	TATE 13b. COUNT	or other institution, give re	ESIDENCE OF FORE ADMISSION JESSUF	13d. INSIDE CITY LI YES N	0岁75		20794 ute video
OSC AND		BENJAMIN	WIDDLE	Pyle.	5 Min	MAIDENNAME	WIDDLE	Yost
WISION /			RMED FORCES? E WAR OR DATES) WW2	217-20-1		O. Pyles	Same as	# 13
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S A BURIAL - TRA N. TH AND MENTA REMATION, OF REM	NO		b (b) DUE TO, OR AS	A CONSEQUENCE O	NAL DISEASE OR CONDITION GIV	EN IN PART 1 (a).		
USED AS A BURIAL - TRANK OF HEALTH AND MENTAL JRIAL, CREMATION, OF PEN	IFICATION	gave rise to immediate cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS (c) S CONTRIRUTING TO DEATH RUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIV			20 AUTOPSY YES []
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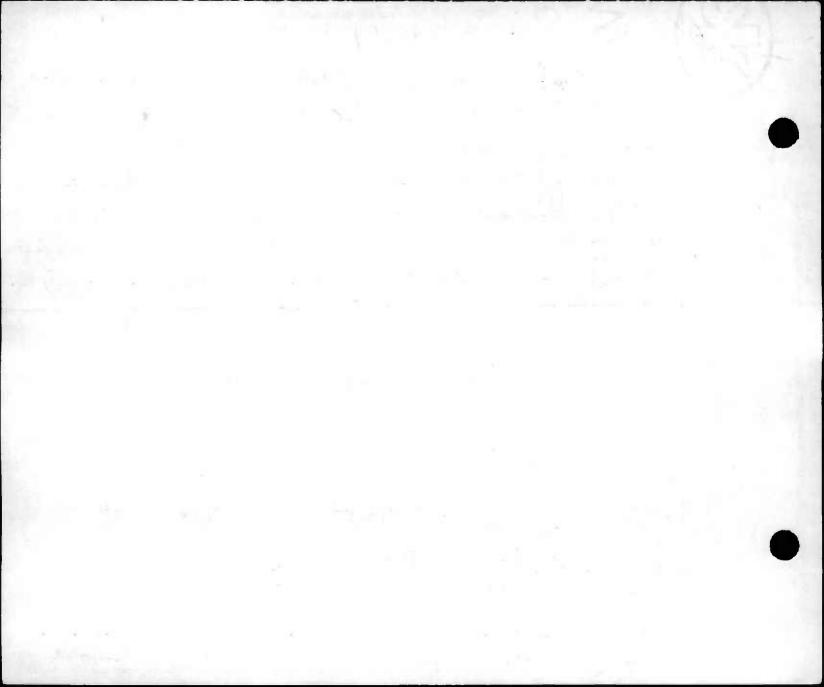
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	3. SE)	male	4 RACE wh	nite	5 DATE C	Eh 18, 1940		14 YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
death. Po		RTHPLACE (STATE OR FOREIGN D.C.		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY Ans		undel	MD.
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rtand 212 hin 24 hour should be f should be f	13a. S M.		VIY	GIVE RESIDENCE BEFORE 134 CITY OR TOW el Frience	Ν	YES NO	13e STREET ADDRESS P. O. Bo		DE 20	0758
uted within order of and 2 shall and 2 shall and 2 shall and 2 shall and 2 shall are a sha		Arthur D.	WIDDLE	Raines		15 MOTHER'S MAIDEN NAM Calledith	M.		Reede	
TIMORE, be executed and and and and and and and and and an	- (1	VAS DECEASED EVER IN U.S. AR (15 YES (16 YES, GIV YES Ar	E WAR OR DATES)	212-38-		Mr. Charles	ADD R. Tippett		endship,	, Marylano
ST., BAL entificate physicia on paper emoval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	Ily one couse per D BY: TE CAUSE (0)	line for (a), (b), one	res	uator fa	ilure		BETWEEN C	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours or attending physicion. When this certificate has been signed by the attending physician and completely filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file th and Mental Hygene prior to burial, cremation, or removal. An analysis of the medical examiner must be not acked or them 18 shows ony injury, or other traumatic event, the medical examiner must be not acked or them.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE		erstitial pr	renu con	ia	9	mouth
icorbs, 201 w requires the been signed to mint. Then pleo prior to burnol.	MOIT	PART 2 OTHER SIGNIFICANT (ONTRIBUTING TO D	DEATH BUT		INAL DISEASE OR CO		IVEN IN PART 110	
VITAL RECOF VITAL RECOF VISICION. Incorde has beer ronsit permit. Hygiene prior 18 shows ony	CERTIFICATION	8-17-84	by	ronchos			YES NO	IN CER	TIFYING CAUSES YES []	OF DEATH?
ISION OF VITAL RE PHYSICIAN: The Ic rending physicion. This certificate has the burial-transit per and Mental Hygiene and Mental Bybaves ed or item 18 shows	MEDICAL C	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 214 IN JURY OCCURRED WHILE NOT WHILE	HOUR A.		YEAR 19 ARM ETC)	211 LOCATION STREET	CITY OR		COUNTY	STATE
TTEND option of TOR: A for use of Heal of Heal		22a I certify that (this hasp	ital) attended the				to	dote and h		
HOSPITAL OR A ned by the hosis of the hosis of the hosis of the hosis of the force of the State Dept.		276 SIGNATURE Q. J	Holiel DR PRINT)	luch	l	ATTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	4		5-84
TO HOSPITAL Coretorned by the TO FUNERAL Is should be detail with the State IMPORTANT: If	77a F	KARL .		CHULT	NAME OF C	16 WUYVO	LIM LOCATION	A	unago	lis .
BP	24 FI	SPECIFY burial	Aug.	27,1984 V	Wash.	National Cem	etery Suit			
DHMH - 16 50M 4/B3 (VRA 15, 4)	41	5 E Wilson Bly	d.,Hag	erstown,	Maryl:	and 21 AUG 3	O full	David	an Bodel	2



B	4	1-	FOR Item 4 per STATE REGISTRAR	ph1 8/24/@kpartw	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 1 C. REG. NO.	J o	6	3
oge deot			EASED NAME FIRST	Se me		Rask	2ª DATE OF DEATH	ONTH DAY	84	1215 PM
rector, po	3	SEX	m	RACE White	5. DATE C		6. AGE (IN YEARS LAST BIRTHE	YR5		IF UNDER 24 HRS HOURS MIN.
deoth. Pounded in 72 hound de offence.	0	Mi	RTHPLACE (STATE OR FOREIGN OUNTRY) NESOTA	U,S,A,	WIDOWE		9 BALTIMORE CITY OR	A.		MD.
by the filled with	24.	Anı	napolis	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A MURRAY AVE	odress)	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V		126 KIND OI INDUSTRY Resea	rch
y filled in should be er must b	15	Mai	Wand 136 COUN	other institution give residence before NTY 13c CITY OR TOWN Arunde Annapol	4	13d INSIDE CITY LIMITS? YES \(\bigsim \text{NO } \square \text{NO } \square \text{NO }	36 Murray A		2140)1
omplete ond 2 ond 2	2/	I	Halvor J. Rask	MIDDLE LAST		Ellen Spa	ande		LAST	
be execu on ond c	/	6a W	(45 DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI (E WAR OR DATES) 217–26–		Olaf N. Ra	ADDRESS usk 36 Murray		Annap	olis. Md
quires that the death certifica signed by the ottending phys hen please remove carbonpag to buriol, cremation, or remove injury, or other troumatic event.		NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DBY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDI	TION GIVEN		MALE MYLEYAL MSET AND DEATH
the low retion. the box beer it permit. Ilene prior	9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	706 IF YES, W IN CERTIFYIN YES	G CAUSES	IGS USED OF DEATH?
RATTENDING PHYSICIAN: T hospital or attending physician RECTOR: After this certificate fed for use as the burial-transipi. at Health and Mental Hygiem 21 is marked or them 18 sh	10	MEDICAL CE		HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA tal) attended the deceased from 19	RM_ETC.)	211 LOCATION STREET 19 d that in (my) (our) apinion a	city or town	. 19	COUNTY	
TO HOSPITAL OF retained by the TO FUNERAL DII should be detach with the State De IMPORTANT: If the	/		22d PHYSICIAN'S NAME (1980) H D G URIAL, CREMATION, REMOVAL	oldstein, v	n.D.	ATTENDING PHYSICIAN 276 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA			
BP OHMH - 16 50M 4/83 (VRA 15, 4)	[2	E FU	Burial NERAL DIRECTOR Burgee Funeral	08-16-84 Un Home, Baltimôrë,		Chapel Cem.	Kingsville	e, Bal	S SIGNATI	



and completely

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cor should be detached for use as the burnol-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept of Mealth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Item 18 showpapy injury, at ather traumatic event, the

FOR

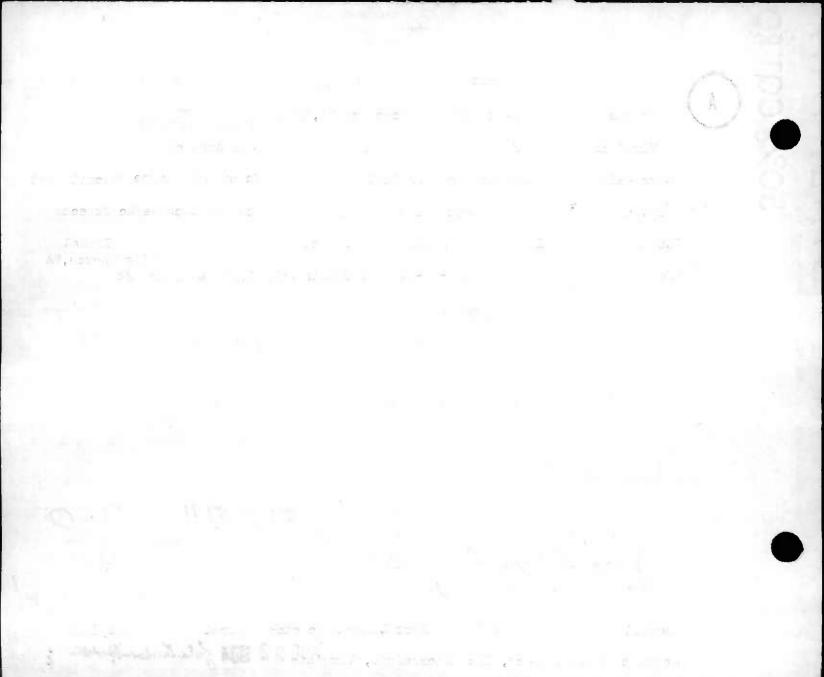
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE" .

27	O	5	O	1

	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.										
		EASED NAME	FIRST	A	AIDDLE	l l	ASI		DATE OF	F DEATH	HINON	DAY YEAR	2b. HO	
	{TYPE	OR PRINT)	ry	Har	t	R	ober.	5			8 1	1 84	32	aM
١	3. SEX	(4 RACE		5. DATE C	5. DATE OF BIRTH		AGE (IN)	E ARS LAST BIRTI	IDAY)	MONTHS DAY		R 24 HRS
1		Female		Cauca	sian			4,1891		92	YRS	MONTHS DAT	HOOKS	India.
		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.		D NEVER MARRIED		BALTIMO	RE CITY OF	Y OF DEATH			
0		Virginia		USA		WIDOWED DIVORCED			Ann Arundel					MD.
7	10 CF	TY OR TOWN OF DEA	TH	11. NAME OF	OSPITAL, NURS	ING HOME C	G HOME OR OTHER INSTITUTION			126 LISUAL OCCUPATION 126 KIND OF BUSINESS OF				
2	An	napolis		Ann Ar	undel Ho	ospita	pital Feder			e of work for Most of Working Life) INDUSTRY Ederal Employee Federal Govt				
ď	U5UA 13s. S	L RESIDENCE (# NUR I	COULT COLLE		GIVE RESIDENCE BEFO		13d INSIDE	CITY LIMITS?	3e STREET	ADDRESS /	ZIP COD	E /	400	14
1	Mar	yland	69		North Be	each	YES 🛣	NO 🗆	7th a	nd Che	sape	ake St	reets	
1	14. FA	THER'S NAME		WIDDLE	LAST			R'S MAIDEN NAME		WIDDIE			AST	
\mathcal{Z}	Le	on		I	Smith		Cornelia				Isabel			
0	169/ W	AS DECEASED EVER I			16h SOCIAL SEC	16b SOCIAL SECURITY NO. 17 INFORMANT			ADDRESS Falls Church, VA				/A	
4	No	VAS DECEASED EVER I res, no or unknown)	(IF YES, GIV	E WAR OR DATES)	577 - 07	-0124	Virgi	nia Roby	2535	Remin	igton	St	St	
		18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rena Failure							3-4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		Conditions, if ony, which gove rise to immediate (b) DUE TO, OR PIA CONSIQUENCE OF INTERS TIAL NephNTis							W	WKS				
	couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF													
		(c)												
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART to												
4	ATE	190 DATE OF OPLYATION 196 COND			TION FOR WHICH OPERATION WAS PERFORMED				20a AUTO			S, WERE FINE	DINGS US	ED
7	CERTIFICATION								ноП		FÝING CAUS ES 🗌	ES OF DE		
		710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR AM. MONTH DAY YEAR								PART TOR PART 2	1			
7	CAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH D				19	19							
	MEDICAL	21d INJURY OCCURR		21e, PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET						CITY OR TOV	٧N	COUNTY		STATE
	2	WHILE NOT WHILE ALWORK ALWORK												
		22a.l certify that (1) this hospital) attended the deceased from 19 , to 19 , to 19 , that (1) (i) (ve) last												
		saw fig account diversity of the body ofter death.												
		DEGREE 220 DATE SIGNED												
		Joseph	$y_l \cdot f$	weny		W. C		PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC		0/	<u> </u>	7
		TOSES	ME (TYPE O	V. Fr	end		205	Ridge	ely	Ave	. /	mas	oli	s ml
		URIAL, CREMATION, F	REMOVAL	23b. DATE	230	NAME OF C	EMETERY O	R CREMATORY	734. LOC.					1
	Bu	rial		8/14,	/84 F	ort Li	nco1n	Cemetery		n twoo	i	Mary1	and.	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Demaine Funeral Homes, Inc Alexandria, Virgin 22 900 July July 100 Alexandria



CTATE OF MADVEAND

	STAIL OF	MAKILAND	7
DEPARTMENT	OF HEALT	H AND MEN	TAL HYGIENE
		TE OF DEA	

2	U	0	1	U

	_ CTATE					EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 ,		
		DECEASED NAME FIRST MIDDLE LAST						DAY YEAR	2b. HOUR	
		Sarah Ella Robinson					8/29/84		6.35mm	
	3. SE)	(4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	Fe	emale	White		107	1/94	89 YRS	MONTHS DAYS	HOURS MINL	
, ,	Je. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	VHAT COUNTRY?	8		9 BALTIMORE CITY OR COUNTY	OFDEATH		
3		arvland	U.S.A.		WIDOWE	D NEVER MARRIED D	Annapolis .		MD	
00	10. CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION ATTI	T WENTER	A KIND BE BUSINESS OR	
	Aı	nnapolis	Bay Manor Nursing			Home	(TYPE OF WORK FOR MOST OF WORKING LIF	Own 1	lome	
174	130_S	AL RESIDENCE (IF NURSING HOME OF STATE Bryland Balt	inore	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Arbutu	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 5604 Carville	E	21227	
31	I.4. FA	THER'S NAME	WIDOLE	LAST		15 MOTHER'S MAIDEN NAV		LAST		
5		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS			
1	No		/E WAR OR DATES)			Millie Rob	: 5/07 Cha	anning	Rd.2122	
	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEQUE	NCE OF	Eng Fait Aear	Puse Palure INAL DISEASE OR CONDITION GIV		MATE INTERVAL MISET AND DEATH	
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	INCERTIF	S, WERE FINDIN FYING CAUSES ES []	OF DEATH?	
9		21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEL	NIN .	A. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART ?)		
*	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY EL FACTORY OFFICE FA	ARM ETC)	211 LOCATION SIREE!	CITY OR TOWN	COUNTY	STATE	
		22a I certify that (I) (this beap saw the deceased alive an abave, (I) (ve) (iii) (did no	8.	21 192	Ť		to 8 · 27 · death accurred on the date and hou	u and from the c		
		276 SIGNATURE	rae /	MI	1	**************************************	MEDICAL STAFF DIRECTOR PHYSICIAN	8	30.84	
/		Chackumkal	V Cross	o M D		27e ADDRESS	A 03 =		/	
-	230 0	SURIAL, CREMATION, REMOVAL			IAME OF C	1 14 Wellhan	Ave.Glen Bur	nie, Md	21061	
	1	SPECIFYI		1			CITY OF TOWN	COUNTY	STATE	
		Burial UNERAL DIRECTOR	9/5/8	94 LBa	11to.	National Co	metery Raltim	PARSIGNAL	ryland	
		NAME	20 0 1	ADDRESS		SEP ()	4 000 may Davids	m-gandal	6	
	LTIII.	brose, Inc. 13	ZO Sulp	nur Sp.	Rd. 2	21227		1070-1	h	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours offer with the State Dept of Health and Mental Hygene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked ar Item 18 shows ony injury, ar ather traumatic event, the medical

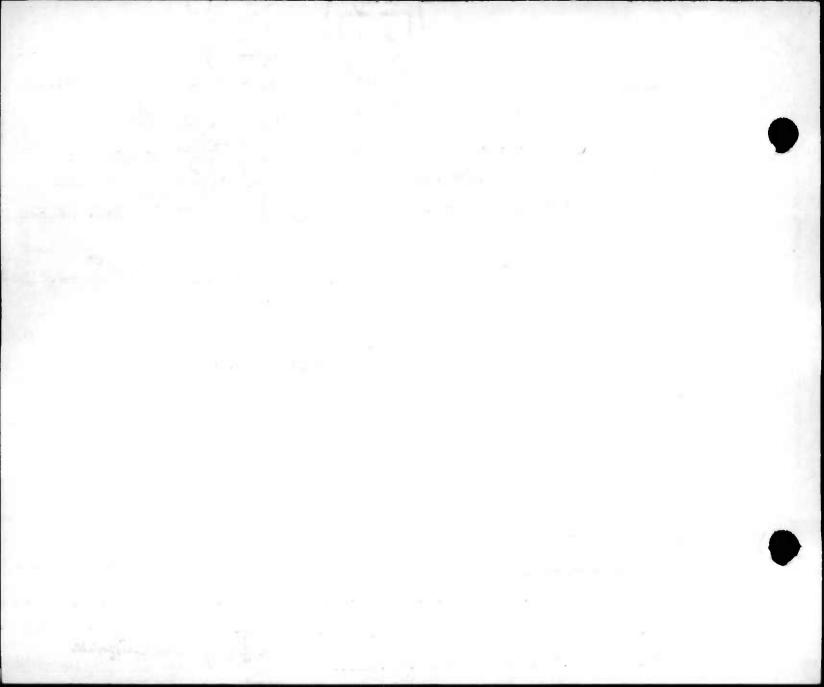
requires that the death certificate be executed within 24 haurs after death. Page

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the hospital ar attending physician.



ATTENDING PHYSICIAN: The low requires that the death certificate be

estained by the haspital or attending physician

IO HOSPITAL

mpletely filled in by the funeral and 2 should be filed within 77

OR	DEPARTA
STATE	DEI PART
REGISTRAR	

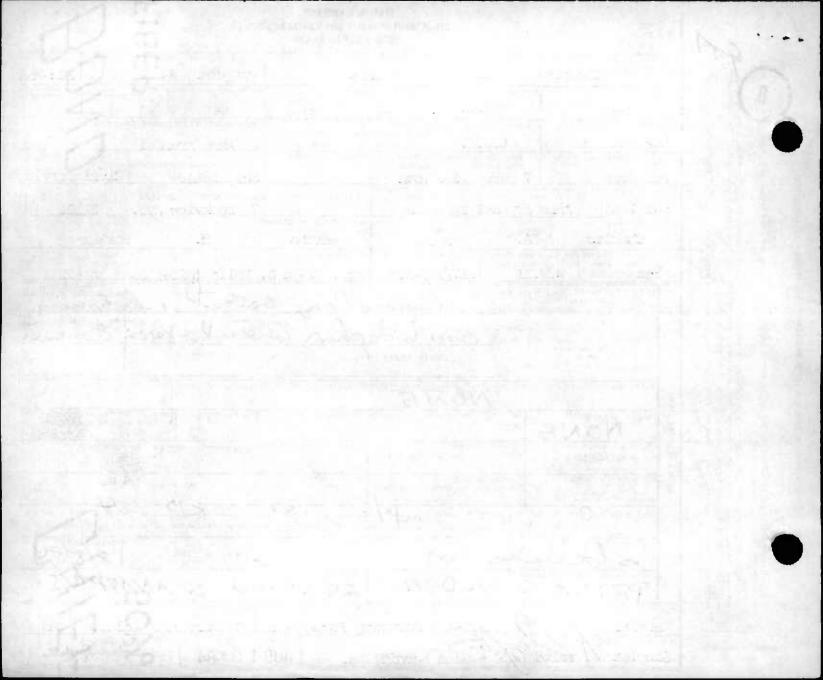
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE . CERTIFICATE OF DEATH

20671

	REGISTRAR					REG.			
	CEASED NAME FIRST		MIODLE	ı	AST	2ª DATE OF DEATH	MONTH	OAY YEAR	26. HOUR
(145)	Charle Charle	s A	llan	RO	LFE	August	8,	1984	11:45
3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST I	SRTHDAY)	IF UNDER I YEAR	IF UNDER 74 HRS
,	male	wh	ite	MONTH	26. 1919	64	YRS	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY			
	lassachusetts	U.S.		WIDOWE	D DIVORCED	Anne A	runde		м
10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS O
P	asadena	-	okview Av			Shipfitte			Servi
	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CO		
		e Arunde			YES NO K	7 Brookvi			122
14. F.A	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME	<u> </u>		
1	Charles	E.	Rolfe		Bertha	M.		Barker	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADD	RESS	-	
		V.II	017/18/4	896	Mrs. Elsie S	. Rolfe (W	ife)	Same as	#13
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per	line for (a), (b), on	d (EX)	A-	-0 +		BETWEEN	MATE INTERVAL ONSET AND DEATH
		ED BY ATE CAUSE (a)	rea	nes	olan o	rucast		Sm	nen
				15	-00	A ()	1		1
	Candidan II	DUE TO, OI	R AS A CONSEQUE		when la	force!	- Var	mi 8	no (
	Conditions, if ony, which gove rise to immediate	(b)	Correly	0-40	June , w	0,, 13		071	-
	couse (o), stoting the	DUE TO, OI	R AS A CONSECUE	NCE OF	*				
	underlying cause last	(10)							
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION (GIVEN IN PART 110)
O		7	VON	2					
ATI	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDIN	
FF	NONE	2				YES T NOT		TIFYING CAUSES YES [7]	OF DEATH?
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCCURE				110
	OR CONTRIBUTING CAUSE OF DE	LAIN	M. MONTH DA						
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	P.I		19	211 LOCATION				
MEC			EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR	TOWN	COUNTY	STATE
	AT WORK AT WORK						/.	-K1	
					7	-	17		
	220 I certify that (1) (this hosp		e deceased from	1.	3 1983		17		
	220.1 certify that(1) (this hosp sow the deceased alive a	6.7	196	, 01	nd that in (my) (aur) apinian	death occurred on the	date and h		
	sow the deceased alive a	6.7	e deceased from	1	nd that in (my) our) apinian o	death occurred on the	date and h		
	sow the deceased alive a	6.7	196	1	DEGREE ATTENDING	MEDICAL ST	AFF _	our and from the	that (I) (we) lo causes stated
	sow the deceased alive or above (I) lwn) (did) (did n	of vior the body	death.		DEGREE ATTENDING PHYSICIAN (AFF _	our and from the	
	sow the deceased alive a	of vior the body	death.		DEGREE ATTENDING	MEDICAL ST	AFF _	our and from the	
	sow the deceased alive or above (I) lwn) (did) (did n	of vior the body	OB/	2	ATTENDING PHYSICIAN (MEDICAL ST	AFF _	our and from the	
230 8	sow the deceased alive a special law (did to de a special law). Signal law (1996) 122d PHYSICIAN'S NAME	OR PRINTS	OB/	2	DEGREE ATTENDING PHYSICIAN (MEDICAL ST DHRECTOR □ PHYS	AFF _	Our and from the	signed
	sow the deceased alive of a second se	OR PRINTS	death 198	2_NAME OF C	ATTENDING PHYSICIAN (1) 220. ADDRESS ASSIMATE EMETERY OF CREMATORY	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	our and from the	
j	sow the deceased alive a special section of the sec	ORPRINI) L 134 DAIE	death 198	2_NAME OF C	ATTENDING PHYSICIAN (1) 220. ADDRESS ASSIMATE EMETERY OF CREMATORY TY Process, Inc.	MEDICAL ST DIRECTOR PHYS	aff ician□	COUNTY Balto.	sone State
24 FU	sow the deceased alive of the control of the contro	OR PRINT) SCH L 131 DATE VALIG 8	death 198	2 Name of C	ATTENDING PHYSICIAN TO PHYSICIA	MEDICAL ST DIRECTOR PHYS	AFF ICIAN ille IR 256. REG	COUNTY Balto.	couses stated SIGNED STATE Md URE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and calculate detacted for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.



after

STATE OF MARYLAND

1-	FOR - STATE REGISTRAR			34.4	CERTIF	EALTH AND MENTAL HY	REG. N			EDT
	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	HINOM	OAY YEAR	2h HOUR
,,,,,		DOROTI	TEA BU	ırnitti	a Rom	mel	AUGUST	21	, 1984	635 A
3. SEX	х		4 RACE		5. DATE C		6. AGE TIN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Fe	emale		White	е	Jun		69	YRS	MONING DATS	HOURS MIN
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
	aryland		U.S	.A.	WIDOWI		A BIRITY A	RUNDE	L COUNT	Y
	GLEN BURN		11. NAME OF		SING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Homemaker			F BUSINESS O
13a. S	AL RESIDENCE (IF NUR. STATE aryland	136 COUN	ITY	13c CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	1			One
14 FA	ATHER'S NAME					15 MOTHER'S MAIDEN N	IAME			
C-	amuel	M	MIDDLE	Rr	cooks	Katie	Lillian		Rise	
	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDR	ESS	1(200	
No	YES, NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES)	214/18/	1746	Frederick C	Pommel (H	sband	d) Same	ac #13
	18 CAUSE OF DEAT PART I DEATH V	VAS CALISEI	D RV	1 0	Ond ic	11/2 1/10	. /		SET WEEK	MATE INTERVAL ONSET AND DEAT
	Conditions, if any gave rise to im cause (a), statu underlying cause	MMEDIAT which mediate ng the	DUE TO, C	OR AS A CONSECUTIVE OR AS A CONSECUTIVE OF AS	UENCE OF	sis.				
MEDICAL CERTIFICATION	Conditions, if any gave rise to impose to impose to impose to impose to impose to impose the contract of the contribution of contributing the timer notify med and injury occur.	MMEDIAT which mediate ag the elast. NIFICANT C CAUSE OF DEA ICAL EXAMINER RED white like like the control of the control	DUE TO, CO (c) DUE TO, CO (c) CONDITIONS CO 19b) COND 19b) C	OR AS A CONSECTION FOR WHITE OF INJURY OF INJURY OF INJURY REEL FACTORY, OFFICE	DUENCE OF O DEATH BUT CHOPERATIO DAY YEAR 19 E. FARM EIC.)	211 LOCATION STREET	YES NO PURRED (ENTER NATURE OF INJURED), to an death occurred on the d	20b. IF YE IN CERT Y DRY IN ITEM 18	ES, WERE FINDING CAUSES (ES) PART 1 OR PART ?) COUNTY	NGS USED OF DEATH? NO STATE
	Conditions, if any gave rise to im cause iol, statistical underlying cause PART 2 OTHER SIG 19a DATE OF OPERA 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING DE THERE NOTIFY MAD IN CONTRIBUTING AT WORK 27a. I certify that (1) saw the decease obove, (1) (we) (1) (we) (1) (we)	MMEDIAT which mediate age to the property of	DUE TO, CO (b) DUE TO, CO (c) 19b COND 19	OR AS A CONSEGUE ON TRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO OFFINIURY I.M. MONTH	DUENCE OF O DEATH BUT CHOPERATIO DAY YEAR 19 E. FARM EIC.)	211 LOCATION STREET ATTENDING PHYSICIAN 22e. ADDRESS	YES NO PURRED (ENTER NATURE OF INTERIOR TO TO	20b. IF YE IN CERT Y OWN Other and had been a compared to the condition of the condition	ES, WERE FINDING CAUSES ES PART I OR PART 2) COUNTY 19 224. DATE	NGS USED OF DEATH? NO STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the bunal-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, ar remayal.

TO FUNERAL DIRECTOR. After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN:

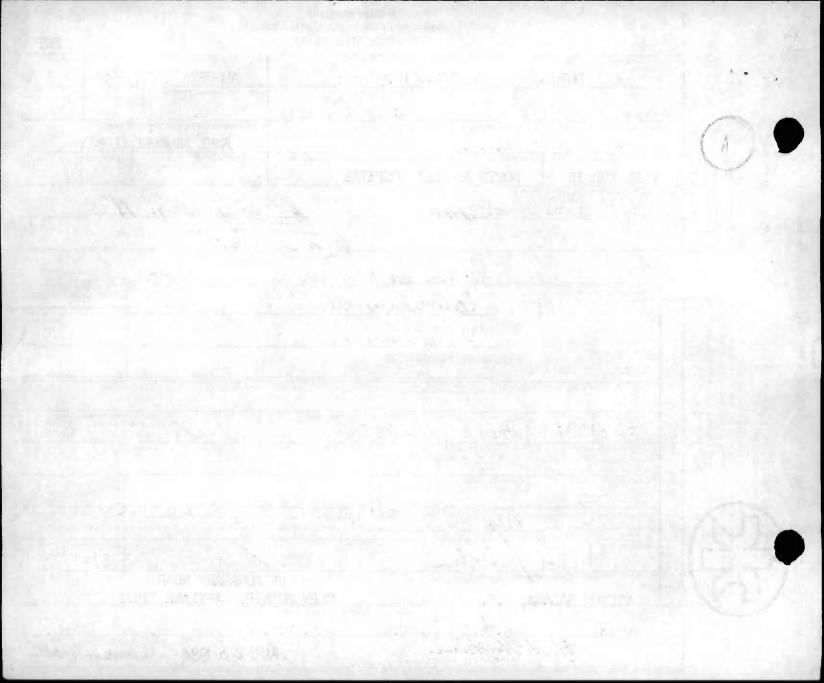
Burial Aug.24,1984 Meadowridge Mem.

74 FUNERAL DIRECTOR
NAME
Singleton Funeral Home Glen Burnie, Md. Glen Burnie, Md.

Prk. Elkridge Howard Md.

1250 DATE REC'D. BY REGISTRAR 256 REGISTRAR 35 SIGNATURE

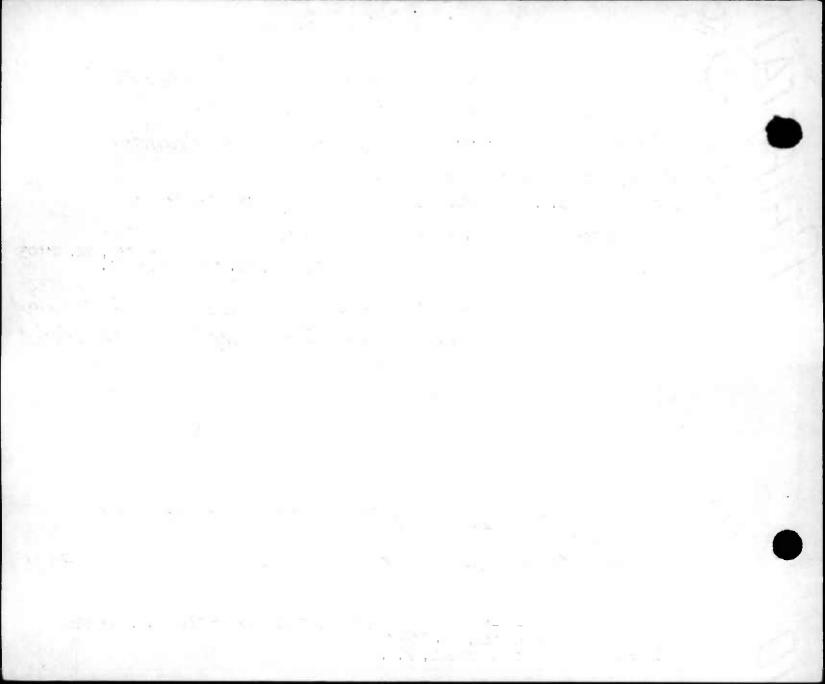
AUG 2 3 1984 Julia Davidson-Rondelle



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.5	REGISTRAR		CERT	IFICATE OF DEATH	REG. N	0.	
		thei .	ALDOUR T	2055	In DATE OF DEATH	MONTH DAY HAM	1 HOUR 11 46
1.5E		4. RACE		OF BIRTH	& AGE UNIVERSIASTER		
	Female	Blace	ck /2	12 06	フフ	YRS.	S HOURS A
	RYLAND	HIGH IN CITIZEN OF	MARKET CONTACTORY \$	ED ☐ NEVER MARRIED ☐	Anne A	rundel	
3 A	nnapolis	Anne	HOSPITAL NURSING HOME CHACKLITY GAY STREET ADDRESS!	GENERAL HOSP.	12s USUAL OCCUPATI (1198 OF WORK FOR MOST O	ON 175 KIND K WORKING LIFE INDUSTR	OF BUSINESS Y
MA	AL RESIDENCE OF MURSING STATE HYLAND	SHOW OF DIVER HISTORIAN SE COUNTY	ANNAPOLIS	YES NO D	13-1795 WHY	945884 2/	401
/ 14.17	ATHER'S NAME '"₩illia	m work	Johnson	Maria	MEDLE	Colbert	
The Y	WAS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR ON DATES)	16h SOCIAL SECURITY NO	CHARLES ROSS	, Sr. 1006	Annapolis, Monroe St.	Md. 21
CERTIFICATION		He DUE TO, O	OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BI	IT NOT RELATED TO THE TERM	INAL DISEASE OF CON	20h IF YES, WERE FINI	OINGS USED
SI H					VES - NOS	IN CERTIFYING CAUS	NO []
F -	21s. ACCEDENT WAS UNDER OR CONTRIBUTING [] CA (IF EDIES NOTEY WEDGE	USE OF DEATH HOUR A	DEINJURY .M. MONTH DAY YEA .M. IS	22	RED TENER HATURE OF EVAL	er miller i B. Pakt I De Fakt 2	
MEDICAL	214 INJURY OCCURRE	Extragalation to	OF INJURY SEET, FACTORY, OFFICE FARM, ETC.)	THE LOCATION	CITY OR 10	with COUNTY	SIAI
MILE Bein 21 is mor	22s.1 certify that (I) (S	de fild foll view the body	1084	DEGREE ATTENDING PHYSICIAN The ADDRESS	death occurred on the d	22c DA	that Declares state
	BURIAL CREMATION, RE	8-29-1	984 BREWER	CEMETERY OR CREMATORY HILL CEMETERY	Annapolis	s A.A. Max	ryland ""
/83 24 F	UNERAL DIRECTOR	Annapol: SE & SQNS M	ls, Ma. 21401	25a. DAT	G 2 7 1984	256 REGISTRIALS SIGN	ATORE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 7a DATE OF DEATH MONTH DECEASED NAME FIRST LIVEE OR PRINTI MARY SALTZMANN A AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH MONTH YEAR CAUCASIAN FEMALE FER 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED ARIINDEL. MARYLAND WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE GLEN BURNTE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND SEVERNA PARK SALTZIVIAN N 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MARGARET DAM SALTZMANN 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SAME NB 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Refer dation Canditions, if any, which gove rise to immediate cause (a), stating underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? be NOF 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 714 INJURY OCCURRED 71e PLACE OF INJURY 711 LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) g NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased fram

sow the deceased alive an

226. SIGNATURE

24 FUNERAL DIRECTOR

obove. (H (we) (did) (did not) view the

20

bady after death

should be deta MPORTANT 77d. PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS MORE-ANNIAPOI 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e BURIAL, CREMATION, REMOVAL 23b. DATE Aug. 24, 1984 WOOD LANN BALTIMORE WOODLANN EMETERY MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

DEGREE

DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

YES [

and that in (my) (and apinion death accurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY

22: DATE SIGNED

YEAR

108/

INDUSTRY

IF UNDER 1 YEAR

7b HOUR

126 KIND OF BUSINESS OR

ZUELLER

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

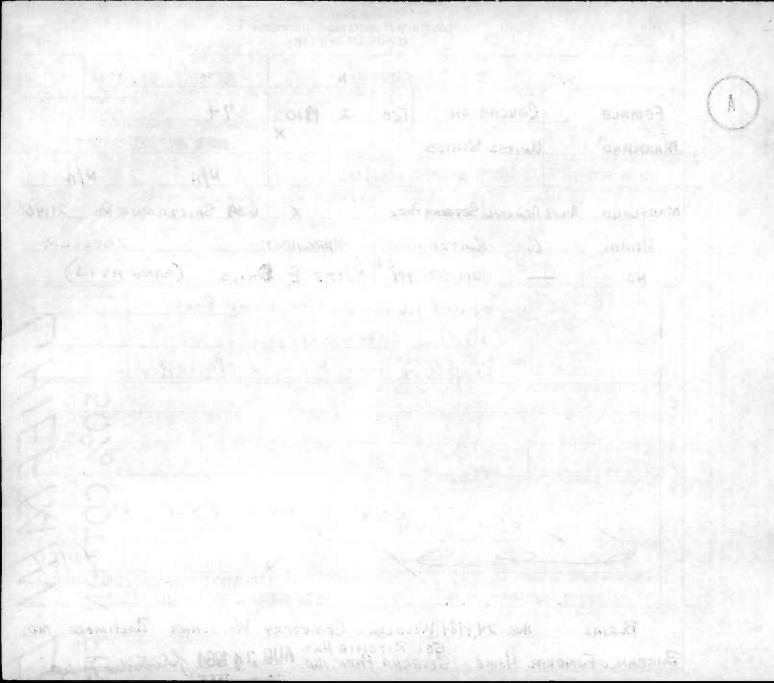
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IF UNDER 24 HRS

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Tassahn Tone Home

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(VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

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DHMH - 17 (VR A15 ME (5)) 20M 4/82

PLEASE ECTOR. FILES. FOURS STREET,

	1 - :	FOR STATE REGISTRAR			STA EPARTMENT OF ICAL EXAMIN	HEALTH		YHJATI		2 0 REG.	NO.	10	
		CEASED NAME OF PRINTS	E FIRST	ъ	av	C	henton		2a. [OF ESTI-	ж монтн В 8	16 19 84	26. HOUR
	3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE INY	EARS IF UN		UNDER 24	4 HRS. 2c.	DATE	HINOM	DAY YEAR	2d HOUR
	Fe	male	White	May 22,		RS.	HS DAYS H	IOURS I	MIN PRO	NOUNCED DEAD	8	16 19 84	8:16A
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2	N	laryla.		USA		WIDOW		DIVORCE		nne Aru			MD.
1	5	TY OR TOWN		(IF NOT IN SUCH FAC	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS)				FOR MOST	OF WORKING LIFE)	TYPE OF WORK	12b KIND OF BU OR INDUST	RY
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5	13a S1		H3F CON		131 CITY OR TOWN		13d INSIDE CITY YES		3e STREET	address Oneybe	e Ct.	#21030	
7	IA FA	THER'S NAM	E	WIDDLE	LAST		15. MOTHER!	MAIDEN	NAME	MIDDLE		LAST	
0		Charle		H.	Johnson		Erin	ıa		Elizab		Janse	en
2	LAC W	VAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURI		17. INFORMA	NT		ADDRE	SSTim	onium 2	21093
		No			213-09-7	522	Mrs.	Evel	yn L.	Miller	,118	Northw	ood Dr
/	CERTIFICATION	gave r couse (a lying co		(c)CONTRIBUTING TO OEATH B	AS A CONSEQUENCE OF NOT RELATED TO THE TERM ON FOR WHICH OPE	MINAL OISEAS			1 (0)			PAUTOPSY, HEAD&	ONLY
	IFIC											HEAD& A	ABD.
3	MEDICAL CERT	UNDERLYING CONTRIBUTI 21d INJURY (WHILE AT WORK	NOT WHILE AT WORK	P.M. 21e PLACE O STREET, FACTO	MONTH DAY YEA 19 FINJURY (ATHOME, RY, FARM, ETC.) HOS ribed obove, held on	21f LO	CATION STREET	nspection e ,	Crr . Ir Undetermi	Y OR TOWN		OUNTY	STATE
2		EXAMINER'S (TYPE OR PRI	181	Ann M. Dix			ADDRESS		Penn S		to.,MD).	
ij	(5	Bu:	The second secon	8/18/84	Morelar			Y	23d LOCAT	ndale, E	Balto.	Co., Md	TATE
		NERAL DIRECTION TO THE PARTY IN	MALLE		Padonia R	d Ti	AUC	24	Tuna"	Julia Day	GISTRAR'S	GNATURE	

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mpletely filled in by the funeral director, pag and 2 shauld be filed within 72 haurs after de

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the haspital or attending physician

DHMH - 16 50M 4/B2 (VRA 15, 4)

any injury, ar ather traumatic event, the

MPORTANT: If Hem 21 is marked or Hem 18 shows

requires that the death certificate be executed within 24 haurs after death. Page 4 may

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

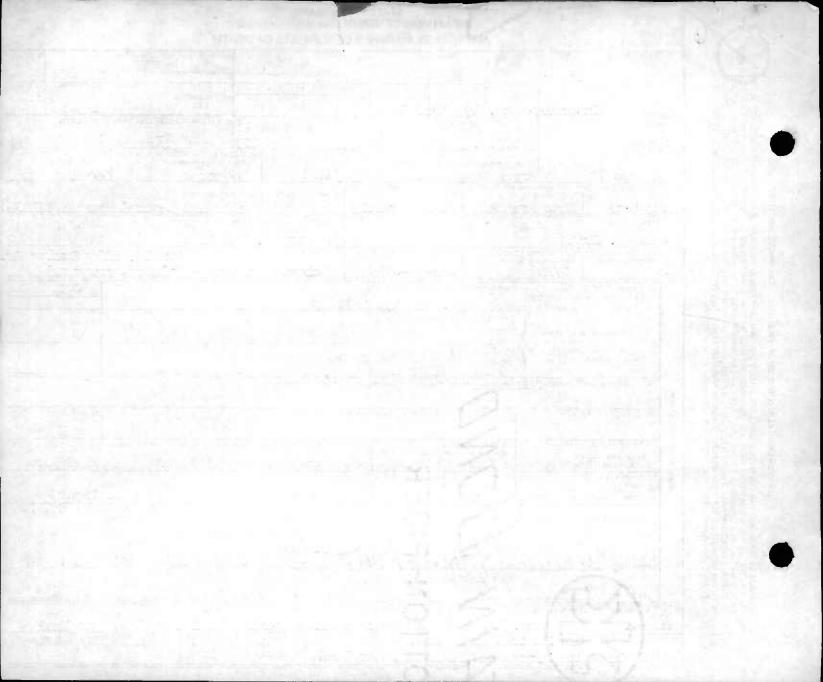
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CZE	choslovakia	CITIZEN OF WHAT COUNTRY?	WIDOWE		Anne f	runde	1 Co. "
An	napolis B	NAME OF HOSPITAL, NURSIN	ADDRESS)	ent Center	170. USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDU	stroad
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S-	rephen	SIVV		Anna	MIDDLE	G	cib
	ORUNKNOWN) (IF YES, GIVE WA		3185	John Six	ADDRE	H13	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
Car gar cau	PART I. DEATH WAS CAUSED B IMMEDIATE C Inditions, if any, which we rise to immediate use (a), stating the derlying cause lost.		SCLEK	ENTORY ARE	VASCULAR	Assetse)	EARS
PAR		((c) NDITIONS <u>CONTRIBUTING TO </u>	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(a
CERTIFICATION 110° (DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	
000	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	?Ic HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAI	RT 2)
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	sow the deceased almost obove, (I) we) (did (did not) v	TULY 17 195	JAN 84 on	d that in (our) opinian d	to FUE 5	19 <u>84</u> ate and have and from	, that ① (we) lo n the causes stated
	Barry P.	Vottarosor	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAL	FF _	DATE SIGNED
27d.	PRYSICIAN'S NAME JUPE'OR PR	AFHANSON		5/ FRAW	KLEN ST.	ANNAH	D. MA 2
Beck	inal	236. DATE 1236. P	alva	EMETERY OR CREMATORY	PATTS DUE	gh Allegt	eny PF
	AL DIRECTOR	Oh al (PRESS	. 1-	250. DATE	REC'D. BY REGISTRAR	Ash, REGISTRAR'S SIC	- Handell

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20M 4/82

STATE C. RYLAND



Glen Burnie, Md.

STATE OF MARYLAND

Items 18-22a 10/11/84 mtb F#596

Robert

- STATE

(TYPE OR PRINT)

24 FUNERAL DIREC

Singleton Funeral Home

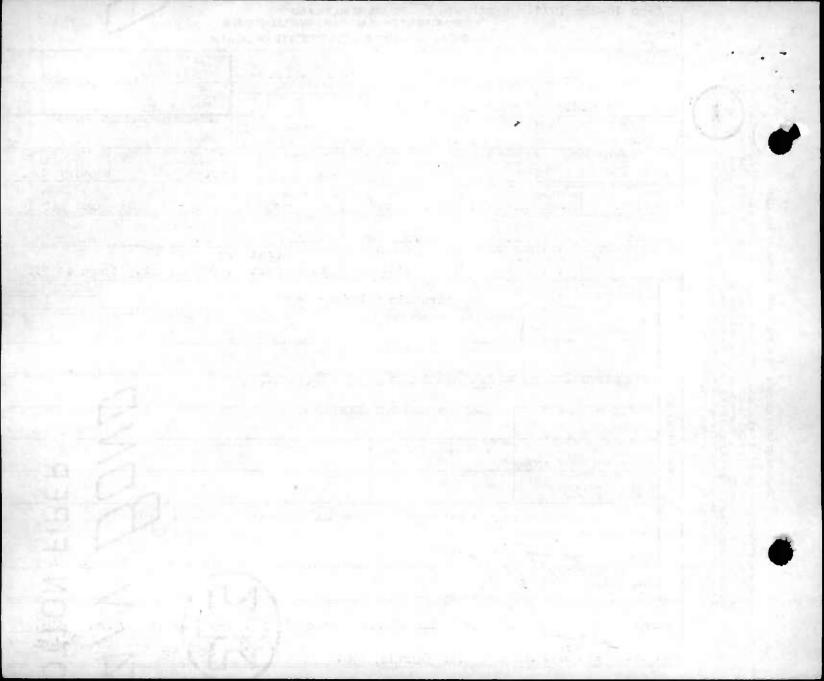
DHMH - 17

(VR A15 ME (5)

20M 4/82

REGISTRAR 1. DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN TY MONTH 26 HOUR DEATH MATED Aug. 29, 1984 12:01 A M DEAD August 29,1984 9. BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Moving Co. 3½ Chain-O' Hills Road 21061 Klohr **ADDRESS** Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES K COUNTY STATE ond in my opinion DATE 8/29/84 COUNTY STATE Sept.1,1984 Glen Haven Memorial Prk. Glen Burnie A.A. Md. 750. DATEREC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE CED 1 1001 SEP 4 1984



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

executed within 24 hours

death certificate

requires that the

ATTENDING PHYSICIAN: The law

TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

FOR STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 3

		EASED NAME FIRST	AND DUE	1	AST				Zh HOUR
			MIDDLE	,	100	2a. DATE OF DEATH	MONTH (DAY YEAR	
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	3 SEX		14 RACE	S. DATE		& AGE (IN YEARS LAST BIR		IF UNDER I YEA	R IF UNDER 24
1		FEMALE	BLACK	MONTH		27		MONTHS DAY	S HOURS A
1	7 o B 16	RTHPLACE ISTATE OF FOREIGN	75 CITIZEN OF WHAT COUNTRY	2 10	10 97	9 BALTIMORE CITY	YRS.	OF DEATH	
0	CC	DUNTRY)		MARRIE	D NEVER MARRIED		ARUN DE		TTV
-		RYLAND TY OR TOWN OF DEATH	U.S.A.	WIDOWE					
10		NAPOLIS	ANNAPOLIS CUN			17e USUAL OCCUPAT TYPE OF WORK FOR MOST			OF BUSINESS Y
35	13a S	TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO ANNAPOL	WN	134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 827 Best	gate R	load	140
21	14.FA	THER'S NAME JOHN	WRIGHT		15 MOTHER'S MAIDEN NAME FIRST	VKN OWN MIDDLE			AST
1		/AS DECEASED EVER IN U.S. A es, no or unknown)	RMED FORCES? 166 SOCIAL SEC 215-16-7		17 INFORMANT WALTER SMITH	Annapolis 720 Bestga	te Rd.	21401	
		Canditions, if any, which gave rise to immediate	(b)	JENCE OF					
	CATION	gave rise to immediate cause (a), stating the underlying cause lost		DEATH BUT		INAL DISEASE OR CON	20b. IF YES	, WERE FIND	INGS USED
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	CAL CERTIFICATION	gave rise to immediate cause ior, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 19% CONDITION FOR WHICH THE CONDITION FOR WHICH HOUR A.M. MONTH C	DEATH BUT		20a AUTOPSY?	20h. IF YES IN CERTIF YE	, WERE FIND YING CAUSI	DINGS USED ES OF DEATH?
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T	-	gave rise to immediate cause lost stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DIETHER, NOTHY MEDICAL EXAMINER AT WORK 21d. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINER AT WORK 22a.1 certify that (1) (the bases saw the deceased alive o	(b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DEPLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, CONTRIBUTION OF THE CONTRIBUTIO	DEATH BUT H OPERATIO DAY YEAR 19 , FARM, ETC.]	N WAS PERFORMED 71: HOW INJURY OCCURS	20a AUTOPSY? YES NO RED LENTER NATURE OF HULL CITY OR TO	20b. IF YES IN CERTIF YE	county	NGS USED ES OF DEATH? NO STATE
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7	/ MEDICAL	gave rise to immediate cause last, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE [IF EITHER, NOTHEY MEDICAL EXAMINET 114]. IN JURY OCCURRED WHITE NOT WHITE AT WORK NOT WHITE AT WORK NOT WHITE Saw the deceased alive a above, (Mr (we)) (Libit Idea) and the deceased alive a above, (Mr (we)) (Libit Idea) and the deceased alive a above, (Mr (we)) (Libit Idea) and the deceased alive a above, (Mr (we)) (Libit Idea) and the deceased alive a above, (Mr (we)) (Libit Idea) (Libit Idea)	DUE TO, OR AS A CONSECU- (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDIT	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.]	211 LOCATION STREET 19 20 d that in Inspi (aur) aprinian a	20e AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the company of the	20b. IF YES IN CERTIF YE VE URY IN ITEM 18, P. WAN date and hau	county	STATE That the (we's state are couses state are considered.

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*	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 0 0 3 1 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
deoth. Page 4 my be funerol director. Page 3 thin 72 hours after degree	3. SE	INTHPLACE (STATE ORFOREIGN 7). CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
ithin 24 hours after tely filled in by the 2 should be filed wir yner must be nowlied	1050 130 130	MDOWED DIVORCED HONOR OF DEATH IT NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT WORK FOR MOST OF
be executed on and camp s. Pages 1 on	16a \	harles Oswald Stallings Sr. Helen Was deceased ever in u.s. armed forces? 166 social ecurity no. 17 informant Apple 2 Whistling Rine Dr. Recause of Death (Enter only one couse per lige of the light) and is: Part I. Death was caused by
quires that the death ce signed by the attending then please remove carb to burial, cremation, or to hivry, ar other traumotic	NO	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To
OR ATTENDING PHYSICIAN: The low re bospital or ottending physicion. DIRECTOR: After this certificate hos been taked for use as the burial-transit permit. Dept. of Health and Mental Hygiene pritor item 21 is marked at Item 18 shows any	MEDICAL CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR P.M. 19 216 INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18. PART 1 OR PART 2) 216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217 ON TOWN STREET 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 219 On ond that in (my (our) opinion death occurred an the date and hour and from the couses stated 220. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 220. DATE SIGNED
DHWH - 10 FOUNERAL DI Should be defact with the State Do MADORTANT IF H	1	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 234. LOCATION CITY OF COMP. DUDICE Sept 484 St. James 256. DATE 256. DATE STRAP 256. DATE STRAP 256. DATE STRAP 256. DATE STRAP 256. DATE SEPT 484 ST. James 256. DATE REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. DATE SEPT 1984 SMILE

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injury, or other troumotic

IMPORTANT. If Item 21 is marked or Item 18 shows any

l	FOR - STATE REGISTRAR		DEPARTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	9 8 2
	PECEASED NAME YPE OR PRINT) Net	tie P	Str	ringer	2a DATE OF DEATH MONTH DA	8-84 1912 PM
3	SEX	4 RACE	S. DATE C		89 YRS	FUNDER I YEAR # UNDER 24 HRS ONTHS DAYS HOURS MIN.
7a	BIRTHPLACE (STATE OR FOREIG COUNTRY)	76 CITIZEN OF V	VHAT COUNTRY? 8 MARRIEI WIDOWE		BACO RECOUNTY OF	OF DEATH MD.
10	De ale		ospital, nursing home of pacility, give street address) rundel General		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b KIND OF BUSINESS OR INDUSTRY
13	Maryland Ar			13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 6057 Melbourne Ar	ve.,Deale 2075
14.	FATHER'S NAME William	MIDDLE	Beuchert	Is. MOTHER'S MAIDEN NA Lena		Beuchert
160	WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) NO	VES COVE IN AR OR DATES	166 SOCIAL SECURITY NO. 578-07-1069	George F. S	tringer,Jr., sam	e address
	IS CAUSE OF DEATH IER PART I. DEATH WAS C		ine for (o), (b), and (c).)	a arre	st	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gave rise to immediate couse (a), stating underlying cause TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 20a AUTOPSY? 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 YES [NO [NO[21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21f. LOCATION STREET 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE Mar 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on 3-2-19 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (and the deceased of the mew the body after death. DEGREE ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR | PHYSICIAN | Suitland 23a BURIAL, 23c NAME OF CEMETERY OR CREMATORY CREMATION, REMOVAL 8/20/84 Cremation Prince Geo. MD" Cedar Hill 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

Rausch Funeral Home, P.O. Box 45,0wings, Md. 20736



DHMH - 17

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

1 - :	FOR STATE REGISTRAR		M	DEPARTMENT OF I			OF DEATH	REG	NO.			
	CEASED NAME OF PRINT)	Roy	4	JILLIAM	SUGDI	EN		OF ESTI- EATH MATED	- 14	DAY	YEAR 1984	26 HOU
3. SEX	ale	White	S. DATE OF BIRTH	6. AGE (IN YE) LAST BIRTHD 4,1933 51 YE				DATE NOUNCED DE AD	MONTE	DAY	YEAR 10	2d HOL
7a Bli	RTHPLACE (S REIGN COUNTRY) EW Je:	STATE OR		VHAT COUNTRY?	8. MARRIED 🔀 I	NEVER MARK	RIED	Anne Anne	_			
10 CI	vortown Laure:	OF DEATH	3332 S	DSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS) Sudlersvil	le So.	TUTION		CCUPATION OF WORKING LIFE) Line		_ 0	ind of Buring industrated in the control of the con	E1
M M	aryla:	nd Anne		GIVE RESIDENCE BEFORE ADMISSIN 13c. CITY OR TOWN Laurel	13d INSID YES		3332	DDRESS Sud1	ersv:	i11e	So	207
VS	THER'S NAMI		James	Sugden	C	her's MAID		MIDDLE		Har	ding	
(YE	AS DECEASE 5, NO, OR UNKNO Yes		MED FORCES? WAR OR DATES) 0-1971	213-30-7		is L.	Sugde	addr en sa	me a	s #1	L3	
		EATH WAS CAUSED	DBY: E CAUSE (a)	or AS A CONSEQUENCE	Ort-c	M	CA,	lung				AND DEA
	Canditia gave ri cause (a lying cai	IMMEDIAT ins, if any, which ise to immediate i) stating the under- use last.	DBY: E CAUSE (a) DUE TO, O (b) DUE TO, O	OR AS A CONSEQUENCE (OF OF			lung				AND DEA
FICATION	Canditia gave ri cause (a lying cai	IMMEDIAT ins, if any, which ise to immediate i) stating the under- use last.	DETAILS (a) OUE TO, O (b) DUE TO, O (c) CONTRIBUTING TO DEAT	OR AS A CONSEQUENCE	OF IIMAL DISEASE OR CONDI	TION GIVEN IN P.		lung		20	AUTOPSY?	
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CERT	Candifia gave ri cause (a lying cau PART 2 DHER S 190. DATE OF 210. EXTERN. UNDERLYING CONTRIBUTI 210. INJURY (WHILE AT WORK	EATH WAS CAUSED IMMEDIAT ans, if any, which ise to immediate i) stating the under- use last. IGNIFICANT CONDITIONS AL CAUSE WAS G OR ING CAUSE OF D OCCURRED NOT WHILE AT WORK ify that I took charg ted fram: Natur	DEATH 216 PLACE STREET, FA	OR AS A CONSEQUENCE OF THE TERM OPTION FOR WHICH OPER OF INJURY M. MONTH DAY YEAR M. 19 E OF INJURY (AT HOME, INCTORY, FARM, ETC.)	OF OF OF OATION WAS PERFO 211. HOW INJU 211. LOCATION STREET Autapsy , Ha	TION GIVEN IN P.	ED (ENTERNATUR	E OF INJURY IN ITEA	w Is PART I OR	20. PART 2) COUNTY aprinian	AUTOPSY?	NO D

Cemetery

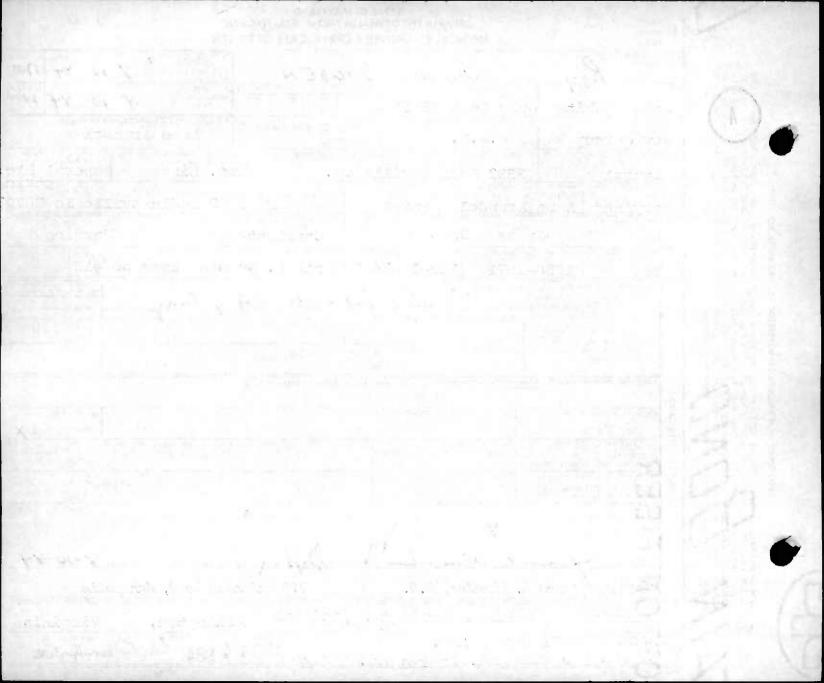
Arlington,

Virginia

24 PLECKECFUNERAL HOME INC.

7601 Sandy Spring Rd. Laurel

AUG 1 4 1984



requires that the death certificate

deoth. Page 4 may be

	FOR	
-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	U	0	0	140

1	- STATE REGISTRAR				CERTIF	CATE OF DEATH	REG. NO	D.		
	ECEASED NAME	FIRST	MIDDU		L	AST	20. DATE OF DEATH	MONTH I	DAY YEAR	2b. HOUR
		FRANK	ω	1LSOR)	SWEENEY	,	8/118	7	6.400
3. S	EX	4. F	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	HOURS MIN
	Male		White		Jul	y 20 1926		YRS.		
-//	BIRTHPLACE (ST COUNTRY) Washing	1	CITIZEN OF WHA	T COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	Anne Ar	_		٨
//	city or town o		(IF NOT IN SUCH FAC		ADDRESS)	037	12a USUAL OCCUPATION OF WORK FOR MOST OF THE PROPERTY OF THE P	F WORKING LIF	E) INDUSTRY	of Business C nbing
US	-	IF NURSING HOME OR OTH 136 COUNTY A.A.	ER INSTITUTION, GIVE		ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3721 2nd	Ave	2102	7
2/11	FATHER'S NAME	n.n.	15	ugewat	,61	15 MOTHER'S MAIDEN NA	ME	AVE		
0	Frank	MIDI	Swee	n e v		Mabel Ca	therine	u.	olmes	T
	WAS DECEASED	EVER IN U.S. ARMEI		SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE		ormes	
	YES NO OR UNKNOW	(IF YES, GIVE W.	AR OR DATES)	79-26-	0476	Olga Sween	nev # 1	3e		
	18 CAUSE OF	DEATH (Enter only o							BETWEEN	MATE INTERVAL
NOIL	couse (a), underlying PART 2 OTHE	o immediate stating the couse last.		RIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM				
CERTIFICATION	19a DATE OF C	PERATION			OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES	
WEDICAL CER	0.00.00.00.00.00.00.00	G CAUSE OF DEATH FY MEDICAL EXAMINER)	21b. TIME OF IN HOUR A.M. P.M.	MONTH DA	YEAR	211. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 P	ART I OR PART 2)	
WED	21d. INJURY O	CCURRED NOT WHILE AT WORK	21e PLACE OF II		ARM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	sow the c	hat (I) (this hospital) leceosed alive on (we) (did) (did not) v	2/11/84	19_	6/13	nd that in (my) (our) opinion	death occurred on the do		r ond from the	
,	22b. SIGNATU		~				MEDICAL STAI DIRECTOR PHYSIC	FIAN [271 DATE	SIGNED
/		y Nathan)	1	21e ADDRESS	in St. An	n. Mo	d. 214	01
230	. BURIAL, CREMA		23b. DATE		AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Burial	111	8-6-84	Md	. Ve	terans	Chelten	ham	P.G.	Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

etoined by the hospital or ottending physicion.

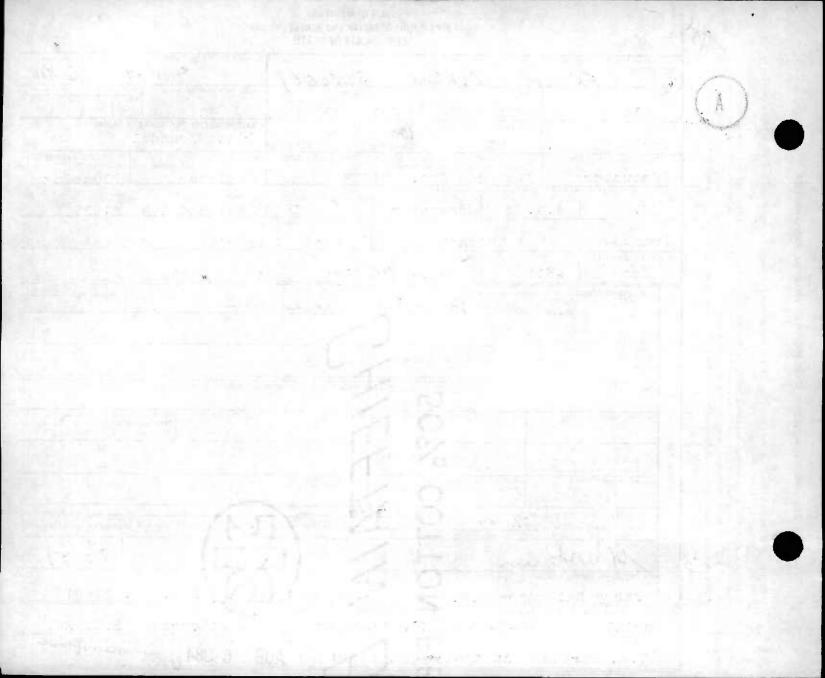
24 FUNERAL DIRECTOR
T.A. H Hardesty Annapolis Md. 21401

1984 6

25a DATE REC'D.

AUG

BY REGISTRAR 256, REGISTRAR'S SIGNATURE date



low requires that the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled within a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

deoth certificate be executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6-10			-	

	- STATE REGISTRAR	DEPARTA		LTH AND MENTAL HYG ATE OF DEATH		
	ECEASED NAME FIRST	J. C.	TAST	STED	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3. SE	William FX	Beauregard It race	5 DATE OF B	BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Male	Caucasian	MUNITER	7, Î927 **^*		MONTHS DAYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY OR COUNTY	OF DEATH
	Virginia	USA	WIDOWED [NEVER MARRIED DIVORCED	Anne Arundel C	ounty ME
4	CITY OR TOWN OF DEATH Len Burnie	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET North Arundel He	ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII Carpenter	126 KIND OF BUSINESS OR INDUSTRY Gaant Food
USU 13a	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION) /N 13i		130 STREET ADDRESS / ZIP CODE 1842 Russell Ro	
14. E.	FATHER'S NAME FIRST Willam	MIDDLE LAST Viley Tester	15	MOTHER'S MAIDEN NAM	MIDDLE S.	Long
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17	INFORMANT	1842 ^{ADRUS} sell	
1	YES (IF YES, GI	1577-32-7	7391	Hedy M. Test		
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	rance	y arkry	disease	yeas
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO			
TIFICATION	PART 2 OTHER SIGNIFICANT VENTOR 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO I	rysm	- , PRENIO	200 AUTOPSY? 20b. IF YES	
CAL CERTIFICATION	VENTR	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA	RYSM OPERATION V	PRENIO NAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING [OP CONTRIBUTING] CAUSE OF DE	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION V	PRENIO NAS PERFORMED	200 AUTOPSY? 206. IF YES NOTE NOTE THE	INFARCES, WERE FINDINGS USED FYING CAUSES OF DEATH?
₹ J	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCORDANCE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY	AY YEAR 19 FARM. ETC) 7	NAS PERFORMED IC. HOW INJURY OCCURR II LOCATION STREET Chat in my) (0)r) opinior occurr	200 AUTOPSY? 206. IF YE IN CERTIFY YES NOT YE ED (ENTER NATURE OF INJURY IN ITEM 18 I	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO PART I OR PART ?) COUNTY STATE 19 4, 11 (we) lose and from the causes stated
₹ J	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OFFETHER NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK THE OFFETHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK THE OFFETHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK THE OFFETHER NOTIFY MEDICAL EXAMINE THE OFFETHER NOTIFY MED	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE, F	AY YEAR 19 21 ARM. EIC) DEC	NAS PERFORMED It HOW INJURY OCCURR II LOCATION SIREET ATTENDING PHYSICIAI	200 AUTOPSY? 206. IF YE IN CERTIL YES NOT YE ED (ENTER NATURE OF INJURY IN ITEM 18 I	S, WERE FINDINGS USED FYING CAUSES OF DEATH? SS NO PART I OR PART ?) COUNTY STATE
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a Maria Maria Maria de Caracteria de Caracte grand datero en real spile thanker. In the I have the light through The state of the second of the And and the second of the seco AND THE PROPERTY OF THE PARTY O

STATE OF MARYLAND

10:41 S. . Brancas and the second s All Spit Stranger of the Samuel Stranger of BAN Many Comment of the sales requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician.

led in by the funeral director, page 3 Id be filed within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE".

La	U	6

- STATE REGISTRAR				CERTIFIC	ATE OF DE	ATH		REG. NO.			
I DECEASED NAME	RIOTT	٤, -	T	WAL	LEK		20. DATE OF DE	= - 8-Y	984 YEAR	26. HOL	JR M
FEMALE	4,1	NH17	TE	5. DATE OF	BIRTH 20	1972	72	(AST BIRTHDAY)	# UNDER 1 YEAR		R 24 HRS MIN.
New YOR	K	U.SA	HAT COUNTRY?	MARRIED WIDOWED	DIV	ORCED	HNN	e AR	UNDE	_	MD.
HOW APOL	18/	A FNOT IN SUCH			OTHER INSTI		TYPE OF WORK FOR	UPATION MAST OF WORKING	LIEE 126. KIND INDUSTR	OHE	ESS OR
USUAL RESIDENCE HEN	13 COUNTY		3 CITY OR TOWN	00.0	34 INSIDE CIT	Y LIMITS?	13. STREET ADD	PUCHNI	ELL DR	4PT	23
TA FATHER'S NAME FIRST	H	DIE TA	LBOT	1	AND	RST B	y v Wö	KTH	20	290	2
169, WAS DECEASED EV (YES, NO OR UNKNOWN)	ER IN U.S. ARME	D FORCES?	66. SOCIAL SECU	0505	HARR	, WA	LLER !	ADDRESS		090	2
	ATH (Enter only of WAS CAUSED &	BY:	ne far (o), (b), an		ardior	espivat	ony av	vest	BETWEEN	Min(
Conditions, if a		DUE TO, OR	AS A CONSEQUE	NCE OF	Maln	otoiti	on		14	eav	
couse (a), ste	gave rise to immediate couse (o), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF LOVE a KOFF'S PSYCHOSIS (c)						2	2 years			
PART 2 OTHER S			_								74
198 DATE OF OPE			ON FOR WHICH				YES N	INCER	YES, WERE FIND TIFYING CAUSE YES	S OF DEA	TH?
OR CONTRIBUTING	CAUSE OF DEATH	P.M	MONTH DA	YEAR 19			D (ENTER NATURE	OF INJURY IN ITEM	IS PART I OR PART ?}		
AALLINE	URRED WORK	(AT HOME STREE	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	·		LACETOWN	COUNTY		STATE
abaye, (1) (we	(I) (this haspital eased alive an e) (did) (did nat) v	7/21	19		that in (my) (, 19 \$3 aur) apinian di	eath accurred a	n the date and h	naur and fram th		tated
276 SIGNATURE							22c. DAT	SISY			
Stuam	NAME (TYPE OR P)	- 1 .	icu, un	·0.	SI F	vaukli	n St.	Anno	apolis, a	and.	21401
230 BURIAL, CREMATIC (SPECIEV)	ION	8-9-	84 Fi	- /	CO LN	CEM.	BEEN 234. LOCATION TO SEE A	TWOOL		. M	D.
TAYLOR F	UNERA	CAMP	EL AND	Ato US	MD	²5AÛĞ	ref of 19	STRAR 25b. REG	ISTRARIS SIGNI	Panan	I

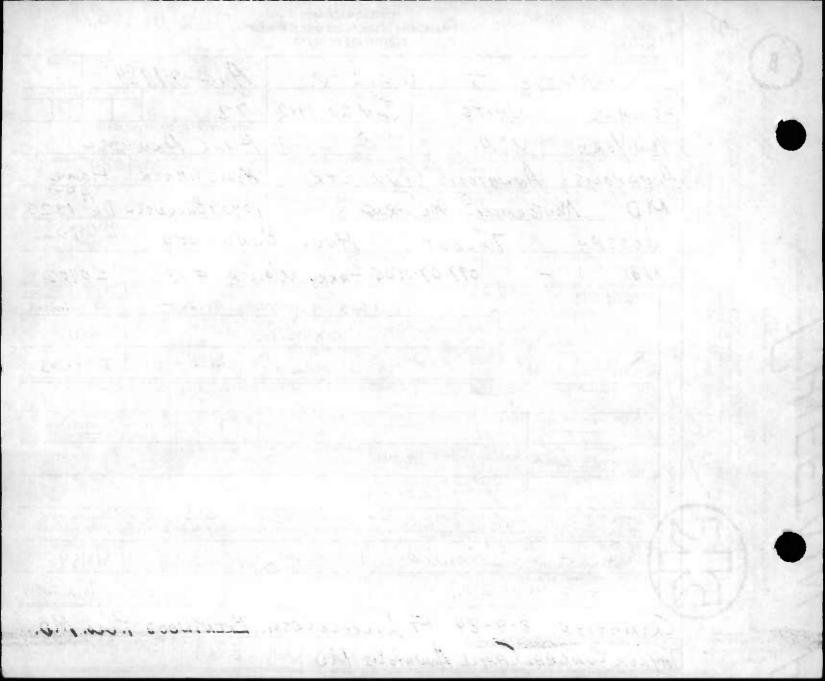
DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and campletely should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pagessal and 2 shwith the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked at them 18 shaws any

(VRA 15, 4)



IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examine must be notified at other

STATE	OF	MARYL	AND
SIMIL	O.	IN PART I	MILL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	1 -	STATE REGISTRAR			CATE OF DEATH	REG. NO	o		EDT
ı		CEASED NAME FIRST	MIDDLE		AST		MONTH DAY	YEAR	26 HOUR
		WILL	IE EDWA	RD WEBB		AUGUST		1984	125 AM
	3. SEX	Male	4 RACE Write	5 DATE C		6 AGE (IN YEARS LAST BIRT	YRS.	INDER 1 YEAR	IF UNDER 24 HRS
		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	_		
		nth (anolina	U.J.Fl.	WIDOWE	DIVORCED [ANNE AF			TAID.
4		GLEN BURNIE	NORTH AR	TAL, NURSING HOME OF TY, GIVE STREET ADDRESS) RUNDEL HOSP.		12a USUAL OCCUPATR	WORKING LIFE)	INDUSTRY	al Motor
5	Ma. S	TATE, JAB. CO		sidence before admission) ITY OR TOWN Sadena	13d. INSIDE CITY LIMITS? YES NO 🔼	130 STREET, ADDRESS	ZIP CODE Drive	211	22
0	I4 FA	THER'S NAME FIRST	Inknown	LAST	15 MOTHER'S MAIDEN NA/ FIRST	Unk		LAS	i .
	16a W	/AS DECEASED EVER IN U.S. (IF YES	ARMED FORCES? 166 S	3-24-9738	Mins. Evelyn	Wain 1644 W	all Dri	ve	21122
		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CA	r anly one cause per line fo USED BY: DIATE CAUSE (a)	- ON BOW	ascular (eccident	/	BETWEEN	MATE INTERVAL ONSELAND DEATH
		IWWEL							
		DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (b)							
		gave rise to immediate cause (a), stating the underlying cause last (c)							
	NOI	PART 2 OTHER SIGNIFICAN	ON CONTRIB	BUTINO TO DEATH OUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN	IN PART 10	o .
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, V IN CERTIFY IN YES	NG CAUSES	
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A.M. A	JRY MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IB PART	I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN.		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		220.1 certify that (1) (this h saw the deceased blive above (1) (we) Midk (di	ospital) attended the dece	. 1/ 1/2/1	nd that in (my) (aur) apinian	death accurred on the do	19 ate and havi a		that (I) (we) last causes stated
,		22b SIGNATURE	QI/G	Selw	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c DATE	SIGNED
/		TACK T S	YPE OR PRINT)	РΔ	27e ADDRESS 653 OLD MILL ROAD MILLERSVILLE, MARYLAND 21108				
		SURIAL, CREMATION, REMO		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			tu STATE
		Burial	Aug. 8,19	84 Meadown	THE RESIDENCE OF THE PARTY OF T		Howa		laryland
i		untain and i	ck Neck Ras.	Pasadena,		8 1984	cha David	ADA-	ndell

DHMH - 16 50M 4/83

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executed within 24 hours ofter death. Page 4 may be

certificate has been signed by the ottending physicion and campletely filled in by the fune range from Then places remove carbonapaers. Pages 1 and 2 shauld be filed within more prior to build, or removal.

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STATE OF MARYLAND

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- 1	1	FOR		DEPARTN	NENT OF HE	ALTH AN	MENTAL HY	GIENE		91-9				
		STATE REGISTRAR			CERTIFI	CATE OF	DEATH		RE	G. NO				
		CEASED NAME FIRST		AIDDLE	LA	\$1		2a C	ATE OF DEA	HINOM HT	DAY	YEAR	2b. HOU	R
	(TYPE	FREIDA	М.		WEB	ER				30, 19			4:30	-
	3. SEX	(4. RACE		5. DATE OF	F BIRTH DAY	WE AR	6. AC	SE (IN YEARS L	AST BIRTHDAY)	MON	THS DAYS	IF UNDER	24 HRS
1		FEMALE	CAUCAS		DEC	. 2	1896		88	YR	S.		7.00.0	
1	C	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED	☐ NEVE	R MARRIED			TY OR COU				
	_	ISCONSIN	1	S.A.	WIDOWED	XX	DIVORCED [RUNDE	-			MD.
		TY OR TOWN OF DEATH EN BURNIE	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET / AND MANC	ADDRESS)			LTYPI	USUAL OCCU OF WORK FOR A OUSEW	AOST OF WORKIN	G LIFE)	126. KIND O INDUSTRY HOUS		
1	USUA	L RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							1	10 2	7
2	13a. S M.	ARYLAND ANNE	ARUNDE	L EDGEW	ATER	YES 🗌	NOXXX	1		VAL L	ODE JANE	01	00	/
1	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	AME	A ID	DIE		LAS	it	
4		HERMAN	I	MANCHAND	E		ANNIE				S	SCHOE		
	16a W	AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR	MANT			DUVAL	1 1	JANE		
	11	ES, NOORUNKNOWN) (IF YES, GI	TE WAR OR DAIES)	213-74-	3562	MAR	IE CAR	ΕY	EDGE	WATER		1D 21	037	
		18. CAUSE OF DEATH (Enter o	nly ane cause per	line for (a), (b), and	l (cu)							BETWEEN	MATE INTER	VAL DEATH
		PART I. DEATH WAS CAUSI	ED BY	ecurrent	Cereb	rovas	cular A	cci	dent			Minu	tes	
		MMEDIA		R AS A CONSEQUE										
		Conditions, if ony, which (b)												
		gove rise to immediate												
		couse (o), stating the underlying cause last												
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT I	NOT RELAT	ED TO THE TER/	MINAL	DISEASE OR	CONDITION	GIVEN	IN PART 10	0	
ż	Z O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO Diabetes Mellitus, Senile Dementia, Carcinoma of Breast												
9	ATE	19a. DATE OF OPERATION		TION FOR WHICH					a AUTOPSY	20b IF		ERE FINDIN		
	FIC							l v	S NO		RTIFYIN YES [IG CAUSES	OF DEAT	
7	CERTIFICATION	210. ACCIDENT WAS UNDERLYING				21c HOW	INJURY OCCUP							
		OR CONTRIBUTING CAUSE OF DE	ALIE .	M. MONTH DA	Y YEAR									
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE		19	211 LOCA								
	ME	WHILE NOT WHILE I	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STR	EET		CITY	ORTOWN		COUNTY	5	TATE
		22a I certify that XI) (this hosp	ital) ottended the	e deceased from	May	17	19 84		. Augu	st 30		84	thatXII (v	ve) last
		saw the deceased alive as abave, M (we) (did) XdX			34_, one	d that in (M	X (our) apinior			_	hour an			
		27b SIGNATURE	X view the body	after death.	C	EGREE						22c. DATE	SIGNED	
		-Dr -4 Pl	inst	12/X			ATTENDING PHYSICIAN	ME DIR	DICAL	STAFF		Ann	24	1984
-		22 PHYSICIAN'S NAME (Type	OR PRINT	1-1-10		22e ADDR		_ OIK	CCTOR CALL	H31CIMI4		Aug.	71.	1304
		Peter H. Rhe	instein,	M.D.			Holly R	≀idg	e Road	, Seve	rna	Park	, Md	,
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	IAME OF CE		R CREMATORY							

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

O FUNERAL DIRECTOR, ASSECT id be detoched for the State Dept of

ORLANT

24 FUNERAL DIRECTOR
NAME
HARDESTY

(SPECIFY) BURIAL

CITY OR TOWN

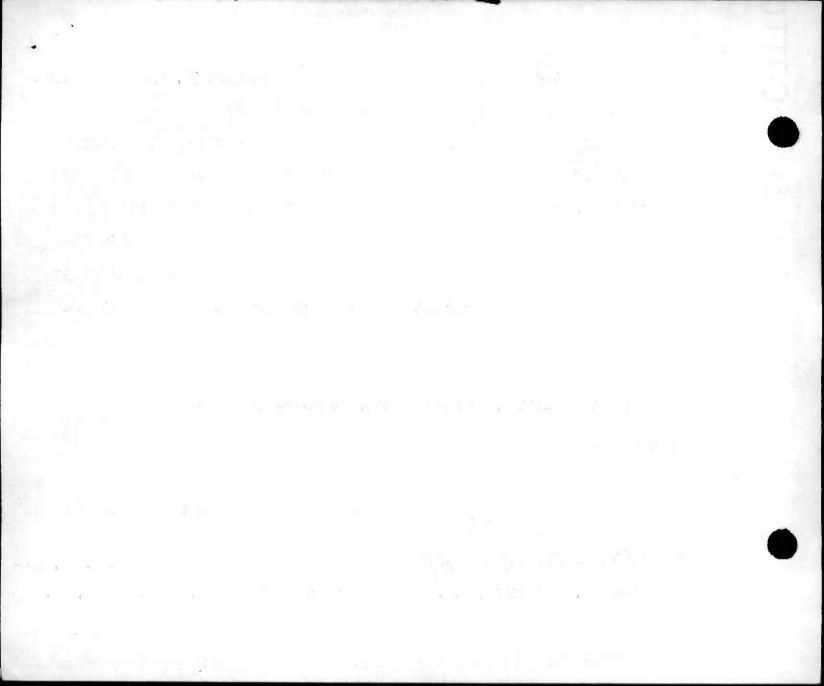
STATE COUNTY

DAVIDSONVILLE A A.

D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE 1/84 25a. DATE REC'D. ADDRESS

FUNERAL ANNAPOLIS, HOME

a Saigdson Randale



page 3

STATE OF MARYLAND

DEPARTMI

NT	OF	HE/	ALTH	AND	MENTAL	HYGIENE	in i
CE	RTI	FIC	ATE	OF	DEATH		

REGISTRAR	CERTIFICATE OF DEATI	REG. NO.	
DECEASED NAME FIRST THOMAS	L. WEEDON	2ª DATE OF DEATH MONTH DAY 08-04	YEAR 26. HOUR 35
	CAUCASIAN S. DATE OF BIRTH	AR TO MON	INDER 1 YEAR OF UNDER 24 HRS. THS DAYS HOURS MIN.
COUNTRY) MD	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIE WIDOWED DIVORCE	D B ANNEA COUL	ND MD
GLEN BURNIG, MD.	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) S. MEADOW DR.		126, KIND OF BUSINESS OR INDUSTRY
	ONHOUL GLEN BURNUES NO!	III S.MEADOW	DR.06/
FATHER'S NAME FIRST JOHN L	DIE WEEDON 15. MOTHER'S MAID	HEL MIDDLE	FOSTER
(YES, O'D OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	N. Weedon 4443 Fenor	Rd. 21227
18 CAUSE OF DEATH (Enter only part I. DEATH WAS CAUSED E IMMEDIATE (Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	HG(SQUAMOUS)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MONT
PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONDITION FOR WHICH OPERATION WAS PERFORMED	URE - CIRRIOSIS (200 AUTOPSY? 200 IF YES, W	IN PART 100. OF LIVER. TERE FINDINGS USED IG CAUSES OF DEATH?
	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	YES NO YES COCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a.1 certify that (I) (this because)	ottended the deceased from \$-15	16 to PRESENTE	that (f) two last

FORNALDINI

8/8/84

22e ADDRESS

105CAKE.F	ハスケンショ	117
23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NA

ME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

Brooklyn Pk. A.A.

Maryland

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Burial

21229

BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbanpaps with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal

MPORTANT: If Item 21 is marked ar Item 18 shaws any

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	n	v 3 54 ∞	12 Uf.	BUX.NI
ALPEA ROUTED			50	
			END THE	
C. WE YOOM DIE.	.:	บหลงสู่ โดยเย	DELICOTA, A	LIMPL
				L May 1
STUDIE THE HOUSE				24
HTHING C. C. LAND				
SIEWY AND SHOPIN	- Edwide :	Vite Line	0122.	
Theesery	97	51.2	11-12	h eart-risspannel
to the second of		1 1 1		Gyw. i
		क्षालस	NASTER .	JI 4320 11
leaders have been been been been been been been be	197.11			

injury, or other troumotic event.

VUO

IMPORTANT: If hem 21 is morked or hem 18 shows

24 FUNERAL DIRECTOR

SingTeton

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove corbanish the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ***

HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospitol

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES:

1984 Glen Haven Nem. Prk. Glen Burnie, A.A., Md.

1984 Glen Burnie, Md.

1984 Glen Burnie, Md.

1984 AUG 7 1984

S

1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR	
{ !YPE	KARL	Albert	WEISS, Jr.	August 4, 1984	M
3. SE:	X	4. RACE	5 DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24	HRS
	Male	White	April 13, 190		et ire.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY?	9 BALTIMORE CITY OR COUNTY OF DEATH	
	ew Jersev	U.S.A.	WIDOWED DIVORCED	Anne Arundel	MD.
-	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12h KIND OF BUSINESS	
	Glen Burnie		imore & Annapolis	Carpenter Local #101	
13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTYAnne 13c. CITY OR 1	TOWN 136. INSIDE CITY LIMITS?		vo
-	aryland Aru	ndel Glen l	Burnie YES NO 🕅	7729 Baltimore & Annapo	11
14 FA	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE LAST	
				nKnown UnKnown	
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	SECURITY NO. 17 INFORMANT	ADDRESS	
	No /	/ / / 158/03	/5553 Mrs. Anna B.	Weiss (Wife) Same as #13	
NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	EQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DE	ATH
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OF MITION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED PROCESTIFYING CAUSES OF DEATH? YES NO NO NO	,
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINATION 21d. INJURY OCCURRED	HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN TIEM IB PART I OR PART ?)	
MEG	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF		CITY OR TOWN COUNTY STAT	JE.
	27u.1 certify that (I) his hay sow the decrared slive a above (I) leep ided hidden 27b. SIGNATURE	1/125/14	DEGREE ATTENDING	medical Staff Director Physician C	
	224 PHISTOAN'S NAME 1994	(crem) 7 10	22e. ADDRESS		1
	Dr. Jorge B	. Ramirez	7845 Oakwo	ood Road, Glen Burnie, 0 Md	4.
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	736. LOCATION CITY OR TOWN COUNTY STATE	

Aug, 7, 1984 Glen Haven Mem. I Funeral Home, Glen Burnie, Md

the state of me the track

mpletely filled in by the funeral ond 2 should be filed within 72

medicol

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cor should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

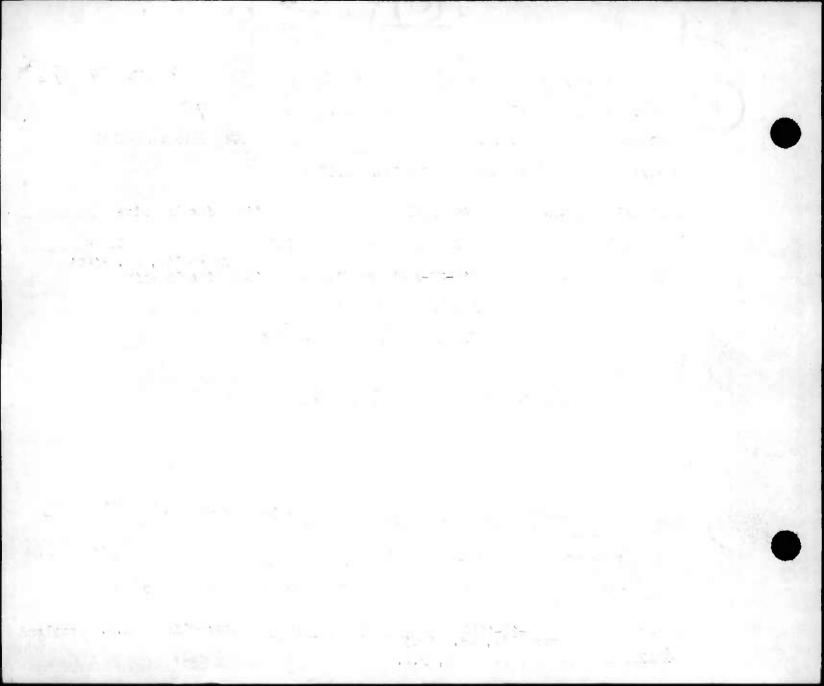
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4 CERTIFICATE OF DEATH

20047

- 1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.		
Ī		EASED NAME	FIRST	Á	AIDDLE L	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26.	HOUR 15
	(111)	ma	RY		E U	vells		8 15	84	9 A M
	3. SEX	F-100/	11	RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HO	URS MIN.
J		remale	2	10111	10	24 13	70	YRS		
		THPLACE (STATEORE	OREIGN 76	U.S.A.	WHAT COUNTRY? 8 MARRIEI WIDOWE	D NEVER MARRIED	ANNE ARU	NDEL COUN		MD.
4		Y OR TOWN OF DEA	тн 11		HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		KIND OF BU USTRY	ISINESS OR
			NG HOME OR OT		GIVE RESIDENCE BEFORE ADMISSION)				0. 1	0.1
1	13a S	RYLAND	A.A.			13d INSIDE CITY LIMITS?	1902 Linco		1140	2/
-		THER'S NAME		DDLE	LAST	15. MOTHER'S MAIDEN NAM			LAST	
4		HENRY	MIL	DOLE	DOBSON	ALVERTA			REEN	
1		AS DECEASED EVER	N U.S. ARME		166 SOCIAL SECURITY NO.	17 INFORMANT	Annapo	lis, Md.	21401	
1		10			214005-2507	ALVERTA WELLS		ln Drive		
ľ		18 CAUSE OF DEATH			line for (o), (b), and (c)	:/ " =		86	APPROXIMATE TWEEN ONSE	INTERVAL T AND DEATH
ı			IMMEDIATE (LIVER FOR	TCORE				
1				DUE TO, OF	RAS A CONSEQUENCE OF	OF LIVE	1			
1		Conditions, if ony, gove rise to imm	which rediate	(b)	CIRRHOSIV	7				
ı		couse (a), stating	g the	DUE TO, OF	R AS A CONSEQUENCE OF					
1		PART 2 OTHER SIGN	IEICANT CO	NDITIONS CO	ONTRIBUTING TO DEATH BUY	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ARI lug	
1	Z	TAKE OTHER SIGN				LEEDING	IN THE DISEASE ON COIL	D111071 011211 1111		
1	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE		
7	I E						YES NO	YES 🗌		0 🗌
7		OR CONTRIBUTING	Land 1	HOUR A.		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)	
	CAL	IF EITHER NOTHY MEDIC	AL EXAMINER)	P./						
	MEDICAL	214 INJURY OCCURR		21e PLACE (OF INJURY SEET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN COL	YTM	STATE
1		AT WORK AT WOR	K Call			- La	- AUGUST	10	2/	
1		220.1 certify that (I) saw the decease	d olive on	offeeded the	e deceased from	nd that in (my) (corr opinion	death occurred on the de	ote and hour and la		(f) (see) lost es stated
- 1		above. (1) (well (e	d) (did not)	view the body	ofter death					
1				2	,	DEGREE		220	DAJE SIGI	NED a
		27h SKINATURE	el c	. 10	rank, 4	ATTENDING PHYSICIAN	ACDICAL STA	FF _	BAYESIGI	NED RY
A			el c	. 10	ant 1)	ATTENDING PHYSICIAN E	DIRECTOR PHYSIC	FF _	BAJE SIGI	NEDAY
A		22 Haysician's NA	ME (TYPE OR P	RINT)	ont NJ.	ATTENDING PHYSICIAN E	FDIRECTOR PHYSIC	FF _	BAYESIG LOS	NED RY
- 1	23a B	22 HAYSICIAN'S NA	ME (TYPE OR P	RINT) 23b. DATE	ont 1).	ATTENDING PHYSICIAN E	DIRECTOR PHYSK	FF CIAN COUNT	403	STAIR
	230 B BUH	22 Paysician's NA	ME (TYPE OR P	RINT)	ont 1). 231. NAME OF CO	ATTENDING PHYSICIAN E	DIRECTOR PHYSK	FF CIAN COUNT	6//6/ 6//6/	/ <i>N</i> /



IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical probabilier TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayol.

FOR DEPART

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	0	O	1	3
04				

		REGISTRAR		CEKTIF	ICALE OF DEATH		REG. NO.			
		EASED NAME FRST	MIDDLE D-1		AST	2a DA	TE OF DEATH MO	ONTH DAY	YEAR	26 HOUR
ı	ITYPE	Kathle en	athleen Poli	1 (1)6	Whisnant	Aı	agust Z 4	5 · 84	١.	10 P M
	3 SEX	· Coc / / / Coc	4. RACE	5 DATE O		_	(IN YEARS LAST BIRTHD		DER) YEAR	IF UNDER 24 HRS
	F	emale	White	Apri	1 11,1936		48	YRS	DAYS	HOURS MIN,
4		RTHPLACE STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BAL	TIMORE CITY OR	COUNTY OF I	DEATH	
-	We	est Virginia	U. S.A.	WIDOWE		⊠ An	nne Arun	del		MD.
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		OR OTHER INSTITUTION		SUAL OCCUPATION		NOUSTRY	F BUSINESS OR
2		nnapolis	A.A. County	Gen H	ospital		elex Oper			Products
	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF TATE 13b COUL			113d INSIDE CITY LIMITS	S? 13a STR	REET ADDRESS / Z	IP CODE		
7	Ma	aryland Ann	Arundel Jessi		YES NO 🔀		26 Clark		2079)4
/	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE		LAST	
1		Felix	Poli		Unkno	own			ackwe	ell
		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL S	ECURITY NO.	17. INFORMANT		ADDRESS			
	,,,	NO (# YES, GP	Ve war or oates) Vone 231.44	.0471	Vanessa L.	Alex	ander (da	aughte		
			nly one couse per line for (a), (b)	i, and (cu)	1. 0		<i>L</i> .	-	BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	upu	way a	Vu	7			
			DUE TO, OR AS A CONSE	QUENCE OF	0.					
		Conditions, if any, which	(b)//	uemo	y lelle					
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUPNCE OF	[] A.	10,0	e and	l		
		underlying cause last	((c)	vra-57	run jour					
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DI	SEASE OR CONDIT	ION GIVEN I	V PART 110)
7	MEDICAL CERTIFICATION	19s DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200	AUTOP5Y? 2	206 IF YES, WE	RE FINDIN	IGS LISED
1	FIC.	THE DATE OF CITERATION	The Condition of William	nen orekano	TO THE OWNED			IN CERTIFYING		OF DEATH?
4	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OC	CURRED (FA		YES	OR PART 21	NO 🗌
1	N C	OR CONTRIBUTING CAUSE OF DE								
	OIC.	(IF EITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION					
	ME	WHILE NOT WHILE	AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE
		AT WORK — AT WORK	nital) attended the deceased fro	- X	10	P4 10	81	108	4	that (IV/we)-last
			V . I \ .	EA	nd that in (my) (our) opin	nion death o	ccurred on the date	and hour onc	I from the	2
Ì		22h SIGNATURE	att view the body ofter death.	1	DEGREE				22c DAT :	SIGNED
		Marilland	V. Jaten	wta v	ATTENDIN PHYSICIA	IG MED	CAL STAFF	NΠ	8/7	25/14-
1		224 PHYSICIAN'S NAME (TYPE	O PUNT	1	22e ADDRESS	V	A 1		4	
		MICHAMIL	J. Catel	MA MY	1 203610	DINAS	MYEA	aNAPO	-y .	21401
		URIAL, CREMATION, REMOVAL	L 23h. DATE	23¢ NAME OF C	EMETERY OR CREMATO	ORY 23d	LOCATION CITY OR TOWN	50	UNTY	STATE
		Burial	Aug, 29, 1984	Lake V			ykesville	Car	rroll	MD
		INERAL DIRECTOR	B Vmont	133		ALIC O	BY REGISTRAR 251	REGISTRAR	SSIGNATI	URE
	Si	ngleton Funera	l HOme, Glen	Burnie,	MD	700 Z	0 1984 9	was wary	4501-1	andelle



requires that the death certificate be executed within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN The law etained by the haspital ar attending physician

CT	ATE	OF	88 5	DVI	AND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Julia Savidson Randose

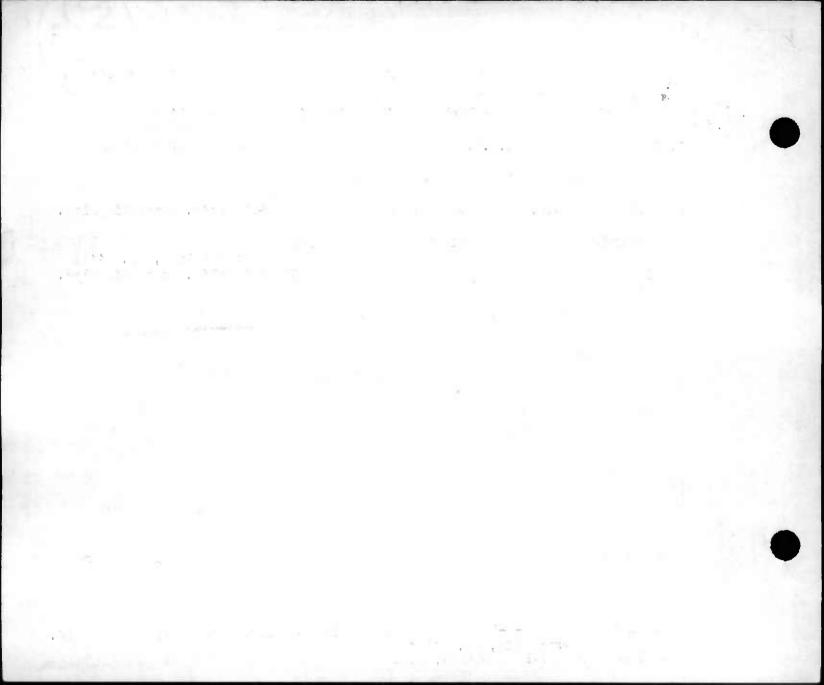
	1 -	REGISTRAR				CERTIF	ICATE OF I	DEATH	RE	G. NO.			
		CEASED NAME ORPRINT)	MAR		AIDOLE	WH	ITE		20 DATE OF DEA	H MONTH	30 E	34 26	426 PM
P	3. SEX	Female		PRACE E	lack	5. DATE C		12	6. AGE (IN YEARS LA	71 YR	RS.	DAYS HO	UNDER 24 HRS. DURS MIN.
γ	C	RTHPLACE (STATE OR F COUNTRY) YLAND	OREIGN	U.S.	WHAT COUNTRY?	MARRIE	D NEVER	WARRIED T	9 BALTIMORE CI		COUNT		MD
3		NNA DOL	iTH ン	11. NAME OF	HOSPITAL, NURSIN HEACILITY GIVE STREET	IG HOME C		TITUTION	120 USUAL OCCU	PATION	126 KIN	ND OF BU	JSINESS OR
2	130 S MAR	YLAND	13b COUN	TY	GIVE RESIDENCE BEFORE 134. CITY OR TOW SEVERNA	/N	13d INSIDE C	NO 🗌	13e STREET ADDR 909 Balt			14 (a	0 d.
0		THER'S NAME FIRST GERRGE		MIDDLE	SCOTT			S MAIDEN NA FIRST MARY	Miles			YOU	NG
1		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	WLATER		Severna 909 Balt		apolis	Blv	d.
	ION	Conditions, if any, gave rise to imm cause (a), statin underlying cause	nediate ig the last	(b)	R AS A CONSEQUE R AS A CONSEQUE CHAPAO DITRIBUTING TO	ENCE OF	NOT RELATED	Card TO THE TERM	LO-CO DALI	Jaso CONDITION	GIVEN IN PAR	al lia)
	CERTIFICATION	19a DATE OF OPERA			TION FOR WHICH	ion for which operation was performed			200 AUTOPSY2	INCE	YES, WERE FI RTIFYING CAU YES	USES OF	
A	MEDICAL CE	210. ACCIDENT WAS UNE OR CONTRIBUTING (FEITHER NOTIFY MEDI 21d. INJURY OCCUR	CALEXAMINER	HOUR A.	M. MONTH D	19	211. LOCATI	ON	RED (ENTER NATURE C	OR TOWN	S 18 PART FOR PAR		STATE
		White NOT White ATWORK AND WHITE ATWORK AND AND AND AND AND ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECT											
		274 PHYSICIAN'S N	AM (TIPE O	i reafi			22e ADDRES	SS					
	(,	BURIAL, CREMATION, SPECIFY) SPECIFY SPECIFY SPECIFY SPECIFY SPECIFY SPECIFICATION SPEC		236 DATE 9-4-19	84 C	ARPEN	EMETERY OR	T CHOSCOO	23d LOCATION CITY OR TO: TERY ROLL E REC'D. BY REGIS	VN -	COUNTY	NATUR	STATE Md.
	WI		Anna E & S	apolis, SONS MOR	Md. 2140 TUAR Y. P	1 .A.		SE	P4 196		a Sounds		J. 00

DHMH - 16 50M 4/83 (VRA 1S, 4)

74 FUNERAL DIRECTOR Annapolis, Md. 21401 WILLTAM REESE & SONS MORTUARY, P.A.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physidian and co should be detached for use as the burial-transit permit. Then please remove corbon papers. Fagure with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, ar removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar ather traumatic event, the



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES STATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH

Hardesty FH, 12 Ridgely Ave. Annapolis. Md. 21401

64

1		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		1	
1		CEASED NAME	FIRST	,	MIDDLE	ı	AST	2a DATE O		H DAY	YEAR 21	h. HOUR
	(TYPE	OR PRINT)	RANC	ES At	helia	WH	ITEHEAD		8	- 1-	. 84	140 PM
J	3.5EX	K	4.	RACE		5. DATE C			YEARS LAST BIRTHDAY	MONTHS		F UNDER 24 HRS
Z	1	F			W	Oct	10,1919 YEAR	64		YRS.		
И		RTHPLACE (STATE OF ECOUNTRY) Shington, I		USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED		ORE CITY OR CO	UNTY OF D	EATH	
4		TY OR TOWN OF DEA			HOSPITAL, NURSIN	WIDOWE	R OTHER INSTITUTION		OCCUPATION	126	KIND OF I	BUSINESS OR
7		apolis		AA Gene				seams	tress	KING LIFE) IN	Cloth	ing
	130 S	AL RESIDENCE (IF NURS JATE 1	136 COUNT AAC	THER INSTITUTION. Y	West Riv	admission) N	134. INSIDE CITY LIMITS?	13° STREET	ADDRESS Cosiman	o Plac	e 20	2718
4	14. FA	THER'S NAME		DDIE	LAST		15 MOTHER'S MAIDEN N		WIDDLE		LAST	
			Matthe	WS			Rose Vienna	Lewi	S		(ASI	
		VAS DECEASED EVER	(IF YES, GIVE V		66 SOCIAL SECURITY NO. 17 INFORMANT Grace Fowler			n #13	ADDRESS		,	
	r	no			22818428	0	drace rowie	1 1/1				VF INJVERVAL
	٠.	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	BY:	line for (a), (b), and	1	i Small	cell	0		-11	SET AND DEATH
		IMMEDIATE CAUSE (0) Witastalle Small Cill lung I year									au	
		DUE TO, OR AS A CONSEQUENCE OF CALCULOWAY										
		Conditions, if ony,		(p)_								
1		couse (a), statir underlying couse	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF						
				(c)								
	Z	PART 2. OTHER SIGN	AIFICANT CC	NDITIONS CO	DUTKIRUTING TO T	DE ATH BUT	NOT RELATED TO THE TER	RMINAL DISEAS	SE OR CONDITIO	IN GIVEN IN	PARI I(a)	
1	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT		IF YES, WER		
7	IFIC							YES 🗍	NOU	CERTIFYING YES		P DEATH?
4	ERI	21a. ACCIDENT WAS UNI	DERLYING -	216. TIME C			21c. HOW INJURY OCCU		- Annahir			
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		sow the deceos obove (I) (we) [ed olye on_	view the body	ofter death.	34	nd that y (my) (our) opinio	on deoth occurr	ed on the date or	nd hour ond	from the co	uses stated
		226. SIGNATURE		()	11/		DEGREE				IZC. DATE SH	GNED COL
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		BURIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	CIT	Y OR TOWN	COU		40 FATE
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DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

etoined by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and co should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter retained by the haspital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherdring physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

page 3

FOR STATE

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR															
	ECEASED NAME	John	Thom	MIDDLE	Wilson	AST	20. DATE OF D	August		1984	2b. HOU					
		0		nus				9		,						
3. S	Male		White		5. DATE C	DAY YEAD	6. AGE (IN YEAR	S LAST BIRTHDA		MONTHS DAY						
1						ust 25, 1909	/4		YRS.							
. 1	BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY	A CONTRACTOR AND A CONT			9 BALTIMORE CITY OR COUNTY OF DEATH								
11	lanyland		u.	.S.A.	WIDOWE	_	All	rne An	runde	el Com	rty					
10.0	CITY OR TOWN OF		I NAME OF H	HOSPITAL, NURS	SING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUS (TYPE OF WORK FOR MOST OF WORKING LIFE)			Υ						
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within 24 hours ofter death. Page 4 may be

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the haspital or attending physician.

ned by the attending physician and completely filled in by a please remove corbanpapers. Pages 1 and 2 should be fired

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

MPORTANT: If Hem 21 is marked or Hem 18 shows ony

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injury, or other traumatic event, the

STATE OF MARYLAND

1.	- STATE		ENT OF HEALTH AND MENTAL HYG	SIENE	
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D.	AY YEAR 26 HOUR
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10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	WIDOWED DIVORCED	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
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	saw the deceased of e or	n_16746 19/5	, and that in (my) (on) opinion	death occurred on the date and hour	and from the causes stated
	226. SIGNATURE	not; view the body after fleath	DEGREE		22c. DATE SIGNED
		- Mouse	ATTENDING	MEDICAL _ STAFF _	36/1.04
	700	11 6		DIRECTOR PHYSICIAN	18 mg 81
	224 PHYSICIAN'S NAME (TYPE	OR PRINT	22e ADDRESS	=1: 0	
	JOH G.L	and deno	177 (1)est	St. Honomis	5 m/ 21401
23a 1	BURIAL, CREMATION, REMOVA	L 736 DATE 231 NA	AME OF CEMETERY OR CREMATORY	234 LOCATION	-
	(SPECIFY)	N 200 0011 0	I PIL	CITY PREOWN	TOUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Cremation
Printer director
Taylor Funer

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.

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